

<b>Please select the proper review type:</b>	<input type="checkbox"/> Pre-Service	<input type="checkbox"/> Post-Service
<b>Please check the appropriate priority. Requests without a selected priority will be processed as Standard.</b>		
<input type="checkbox"/> Standard <input type="checkbox"/> Expedited		
<i><b>For Expedited Only:</b> I certify that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.</i>		
Physician Signature Required: _____		

**Member Information:**

First Name:	Last Name:	Date of Birth:	Member ID:
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**Servicing Provider Information: Please enter the information for the servicing provider group/supplier.**

Group Name:	
Group NPI and Tax ID:	
Address:	
<b>Contact Name &amp; Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

*All decision notifications shall be rendered via fax / mail. Email is for clarification communications only.*

**Facility Information: Please enter the information for where services will be rendered.**

Name:	
NPI and Tax ID:	
Address:	
<b>Contact Name &amp; Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

*All decision notifications shall be rendered via fax / mail. Email is for clarification communications only.*

**Services Requested**

**Please check the appropriate service and include all planned and requested CPT/HCPCS Codes. Note: Out of Network providers require authorization for all services that will be billed to Alterwood Advantage.**

**OON Providers Only:** I certify that the out of network provider/facility accepts 100% of the Medicare Fee Schedule.

OON Provider: \_\_\_\_\_  Yes, 100% MFS.  No, please call to discuss rates.

<input type="checkbox"/> Home Health	<input type="checkbox"/> Durable Medical Equipment (DME)	<input type="checkbox"/> Radiology	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Other (please specify):			

Start Date:	End Date:	Number of Sessions/Visits/Units:
Place of Service (POS):		
Diagnosis Code(s):		
CPT/HCPCS Code(s):		

**Is clinical attached to this request? Requests without supporting clinical may be denied for lack of information.**

This authorization does not guarantee payment of claim. All authorizations are subject to eligibility requirements and benefit plan limitations. **Services are not considered authorized until Alterwood Advantage issues an approval.** For a list of services that require PA or if you need to speak to a Utilization Management Representative, please call 667-262-9429 or toll free at 1-866-274-3265.

*If you are experiencing fax connectivity issues, contact Alterwood Advantage to discuss alternative submission methods to prevent delay in review.*