ambetter. FROM arizona complete health.

PROVIDER CERTIFICATION FORM (OPTIONAL)
FOR EXPEDITED MEDICAL REVIEWS

A member denied authorization for a covered service is entitled to an expedited appeal if the treating provider certifies and provides supporting documentation that the time for the standard appeal process (about 60 days) "is likely to cause a significant negative change in the [patient's] medical condition at issue."

PROVIDER INFORMATION

Treating Physician/Provider 34T
Phone # 34T FAX # 34T
Address 34T
City 34TState 34T Zip Code 34T

PATIENT INFORMATION

Patient's Name 34TMember ID # 34T
Phone # 34T
Address: 34T
City 34T State34T Zip Code 34T

INSURER INFORMATION

Insurer Name: 34T
Phone # 34T FAX# 34T
Address 34T
City 34T State 34T Zip Code 34T

Is the appeal for a service that the patient has already received? ☐Yes ☐No

If "Yes," the patient must pursue the standard appeals process and cannot use the expedited appeals process.
If "No," continue with this form.

What service denial is the patient appealing? 34T

Explanation of necessity for requested service and why the time for the standard appeal process will cause harm:
34T

Attach additional sheets if needed, and include: ☐Medical records ☐Supporting documentation

If you have questions about the appeals process or need help regarding this certification, you may Ambetter from AzCH at [INSERT]. You may also contact the Department of Insurance Consumer Assistance at (602) 364-2499 or 1 (800) 325-2548.

I certify, as the patient's treating provider, that delaying the patient's care for the time needed for the informal reconsideration and formal appeal processes (about 60 days) is likely to cause a significant negative change in the patient's medical condition at issue.

Provider's Signature _____ Date