

**For medical requests only send to:**

Post Office Box 362025, Birmingham, AL 35236 • Fax 833-440-7607 or 205-220-0675

**Do not send Part B (Physician Administered) Drug requests to this fax number, utilize the Part B request form.**

<p><b>Standard Request</b></p> <p>The service has not yet been rendered <b>and</b> your patient's condition is not considered life threatening.</p>	<p><b>Expedited Request</b></p> <p>(The service has not yet been rendered.) Please describe how applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.</p>
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**SECTION I: PHYSICIAN INFORMATION**

**Requesting Physician**

Physician First Name		Physician Last Name	
Physician Fax Number		Physician Telephone Number	
Physician National Provider Identifier (NPI)		Physician Tax ID	
Street Address or P.O. Box		Address Line 2	
City	State	Zip	Office Contact Person

**SECTION II: PATIENT INFORMATION**

Prefix	Contract Number (Copy from the member's identification card.)	Patient Date of Birth (mm/dd/yyyy)
Patient First Name		Patient Last Name

**SECTION III: REQUIRED DOCUMENTATION**

**PLEASE ATTACH THE FOLLOWING INFORMATION:**  
 • CLINICAL RATIONALE FOR YOUR REQUEST • SUPPORTING MEDICAL RECORD/INFORMATION FOR YOUR REQUEST.

**DIAGNOSIS CODES AND DRUG CODES FOR YOUR REQUEST:**

Procedure Code 1:	Diagnosis Code 1:
Procedure Code 2:	Diagnosis Code 2:
Procedure Code 3:	Diagnosis Code 3: