



**REQUEST FOR MEDICARE PRESERVICE AUTHORIZATION DETERMINATION**

This form may be sent to us by mail or fax:

Address:  
1085 Van Voorhis Road  
Suite 300  
Morgantown, WV 26505

Fax Number:  
(304) 974-3191

You may also ask us for a coverage determination by phone at 1-855-962-7325 (TTY: 711)

**Who May Make a Request:** Your prescriber may ask us for a coverage determination on your behalf. If you want another individual (such as a family member or friend) to make a request for you, that individual must be your representative. Contact us to learn how to name a representative.

*Please note, all fields listed are **REQUIRED**. If all fields are not completed, it may delay processing the request.*

**Enrollee's Information**

Enrollee's Name		Date of Birth	
Enrollee's Address			
City	State	Zip	
Phone:		Enrollee's Member ID #	

**Provider's Information**

Requesting Provider's Name:	TIN/ NPI:	Provider Group (if applicable):	
Requesting Provider's Address:			
Requesting Provider's Phone Number:		Requesting Provider's Fax Number:	
Service Provider or Facility Name:		Service Provider or Facility TIN/NPI:	
Service Provider or Facility's Address:			
Service Provider or Facility's Phone Number:		Service Provider or Facility's Fax Number:	



**Important Note: Expedited Decisions:** If you or your prescriber believe that waiting 7 days for a medical service or 72 hours for a Part B drug for a standard decision that could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 7 days for a medical service or 72 hours for a Part B drug for a standard decision could seriously harm your health, we will automatically give you a decision within 72 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a service or medication.

**REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that applying the 7-day standard review timeframe for a medical service or 72-hour standard review timeframe for a Part B drug may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Signature:	Date:
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