



# Expedited Request Attestation

**ATTENTION: Use this form for “urgent” or “expedited” requests only.**

Please read the information carefully before you complete this form.

CMS Guidelines defines an expedited/urgent request as ‘an expedited/urgent request for a determination is a request in which 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.’ Providers should submit requests in accordance with CMS guidelines to allow for organization determinations within the standard turnaround time, unless the member urgently needs care based on the CMS definition of an expedited/urgent request.

Member Information		
Member Name	Date of Birth	Member Sex:
Member Health Plan Name:	Policy/ Health Plan #:	Plan Effective Date:
Expedited Criteria		
Ordering Physician indicated the case to be urgent or expediated?	Diagnosis:	Date of Request
Ordering Physician Name	Ordering Physician NPI	Ordering Physician Contact Information
Clinical Rational for Expedited Request:		
Attestation		

## Attestation for Expedited and Urgent Prior Authorization Requests

I, \_\_\_\_\_, request that the following prior authorization be treated as Expedited/Urgent based on CMS guidelines.

- I attest that applying the standard processing time could seriously jeopardize the patient’s life, health, or ability to regain maximum function, and therefore request expedited processing within 72 hours.
- This request is urgent and requires prompt attention to avoid serious risk to the patient’s health.

I have provided all necessary documentation to support the urgency of this request.

Date

Name (Print)

Signature