Provider Certification Form for Expedited Medical Review

An Independent Licensee of the Blue Cross and Blue Shield Association

(You and your provider may use this form when requesting an expedited appeal.)

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.

A patient who is denied authorization for a covered service not yet provided is entitled to an expedited appeal if the treating provider certifies and provides supporting documentation that the time period for the standard appeal process could seriously jeopardize your life or health or your ability to regain maximum function or would subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

Provider Information

Treating Physician/Provider ______________________________

Phone # ______________________ Fax # ______________________

Address ______________________________

City ______________________ State __________ Zip Code __________

Patient Information

Member Name ______________________ Member ID# ______________________

Phone # ______________________ Fax # ______________________

Address ______________________________

City ______________________ State __________ Zip Code __________

Insurer Information

Insurer Name ______________________________

Phone # ______________________ Fax # ______________________

Address ______________________________

City ______________________ State __________ Zip Code __________

What service denial is the patient appealing? ______________________________

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Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient.

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

If you have questions about the appeals process or need help to prepare your Appeal, you may call the Arizona Department of Insurance Consumer Assistance number (602) 364-2499 or (800) 325-2548, or BCBSAZ at (602) 864-4400 or (800) 232-2345.

I certify, as the patient's treating provider, that delaying the patient's care for the time period needed for the informal reconsideration and formal appeal processes (about 60 days) is likely to seriously jeopardize the patient's life, health or ability to regain maximum function or subject the patient to severe pain that cannot be adequately managed with the care of treatment that is the subject of the request.

Provider's Signature ______________________________ Date ______________

08-1801