

# Provider Certification Form for Expedited Appeal

Is the appeal for a service that the patient has not yet received?  Yes  No

If "Yes", continue with this form.

If "No", the patient must pursue the standard appeal process and cannot use the expedited appeals process.

<b>Provider Information</b>					
Treating Physician/Provider					
Phone #		Fax #			
Address					
City		State		Zip Code	

<b>Patient Information</b>					
Member Name		Member ID #			
Phone #		Fax #			
Address					
City		State		Zip Code	

What service denial is the patient appealing? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Fax this form with any supporting documentation and medical records to:

**BCBSAZ at (602) 544-5601**

I certify, as the patient's treating provider, that delaying the patient's requested service for the time periods applicable to the standard appeal process is likely to seriously jeopardize the patient's life, health or ability to regain maximum function, cause a significant negative change in their medical condition, or subject the patient to severe pain that cannot be adequately managed without the requested service.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about the appeals process or need help to prepare your appeal, please call BCBSAZ at (602) 864-4400 or (800) 232-2345

## Non-Discrimination Statement

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If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

