

# Provider Certification Form for Expedited Appeal



An Independent Licensee of the Blue Cross Blue Shield Association

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 #	Group #	
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:  
AZ Blue 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

If you have questions about the appeals process or need help to prepare your appeal, please call AZ Blue at **602-864-4400** or **1-800-232-2345**.