

Request for Exceptional Claims Processing due to State of Emergency

Provider Name: _____

Contact: _____ Phone number: _____

National provider identifier (NPI): _____

I am requesting an exception. The claim meets the exception criteria checked below:

Section I

___(1) Lack of access to the online or phone services as a result of continued power outages, have prevented provider from submitting timely request for prior authorization.

___(2) The recipient continues to be displaced and must receive services in a different region of the state, or out-of-state.

___(3) The recipient's assigned primary care physician or specialist's office remains closed due to the storm and urgent care was rendered at another provider's location without prior authorization.

Section II

Other reason specific to the impact of State of Emergency: _____

Signature

Date

*A separate completed Request for Exceptional Claims Processing form is required for each claim. *

Mail to:

AmeriHealth Caritas Florida
Exceptional Claims Processing – [Insert State of Emergency detail]
11631 Kew Gardens Avenue, Suite 200
Palm Beach Gardens, FL 33410

If you have additional questions about the claims submission process, you can also call Provider Services at **1-800-617-5727** with any questions.