



# Prestige Health Choice Request for Exceptional Claims Processing due to Hurricane Michael

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 Hurricane Michael: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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

**Mail to:  
Prestige Health Choice  
Exceptional Claims Processing - Hurricane Michael  
11631 Kew Gardens Avenue, Suite 200  
Palm Beach Gardens, FL 33410**