

## **Expedited Pre-service Clinical Appeal Request Form**

An expedited pre-service clinical appeal may be requested if the member, an authorized representative or the physician feels that non-approval of the requested service may seriously jeopardize the member's health. An appeal also may be submitted if, in the opinion of the practitioner with knowledge of the member's medical condition, non-approval would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

The medical service or treatment should meet the following criteria:

- · Satisfy the above description as urgent in nature
- · Has not yet taken place or is ongoing

- Determined by Blue Cross and Blue Shield of Illinois (BCBSIL) to be medically unnecessary, experimental, investigational or medically unproven
- · Not covered for clinical reasons or not in benefit

## **Instructions**

Once it has been determined that the BCBSIL criteria for submitting an expedited clinical pre-service appeal have been met, please proceed as follows:

- 1. Fill out the form below, using the tab key to advance from field to field
- 2. Print out your completed form and use it as your cover sheet
- 3. Include medical records, office notes and any other necessary documentation to support your request
- $4.\ Fax\ your\ request\ form\ and\ supporting\ documentation\ to\ BCBSIL\ at\ 918-551-2011,\ Attention\ :\ Appeals\ Department$

Today's Date:	
Patient Information Patient First Name:	_Patient Last Name:
Patient's Date of Birth:	
Member First Name:	Member Last Name:
Member ID Number (include 3-character prefix):	Group Number:
Case Information CPT/HCPCS Code:	
Place of Service (Facility Name):	
Case Number (if applicable):	
Procedure(s) Non-allowed:	
	Fax Number:
Facility or Provider/Group Name:	
Appellant Information  Name of Individual Submitting Appeal:	
Phone Number:	Fax Number: