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To file electronic	ally, a	attach t	to requ	uest s	ubmitte	l in w	eb po	ortal.	To fi	le via	a facsir	mile, sen	d to	1-800	)-282-884	5
To contact the co	_			-		-	-					n your me	dical	ID ca	rd betwee	n
(1) Priority and F	reque	ency:	Cli	ick or	tap here	to en	iter te	xt.								
a. Standard	Sei	rvices s	schedu	ıled fo	or this da	te:		Click or ta	ap here	e to e	enter t	ext.				
b. Urgent/Exped	ited				ertifies the health of	•	• •	•	ndard	revie	ew tim	eline ma	y ser	ious	y jeopard	ize
c. Frequency:	Initia	l: 🗆	Ext	ensio	n: 🗆	Pre	evious	s Authori:	zation	#:	Click	or tap he	re to	ente	r text.	
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e. City: Click o text.	r tap h	nere to	enter		f. State		Click or tap here to e text.			enter	-	g. Zip Co	de:	e: Click or tap here to enter text.		ere
(3) Provider Info	rmatio	on:	О	rderii	ng Provid	er:		Rende	ering P	Provi	der:		Во	Both 🗆		
Please note: Exc	therapy Exception requests are limited to members with stage 3 or stage 4 cancer and require the following information: progress notes, laboratory results, radiology results, previous medications, and other factors impacting the plan of care. Processing delays may occur if the requestor (e.g. rendering provider, or member) does not have appropriate documentation of medical necessity.  Please note: Requests are reviewed by Registered Nurses, Pharmacists, and Board Certified Oncologists.															
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(6) Fr	equency/Quan	tity/I	Repe	tition	Request:		Clic	k or	tap	here	to e	nter	text.						
a. Do	Does this service involve multiple treatments?							s:	□ No: □ If "No,"						," skip to Section 7.				
<b>b. Type of Service:</b> Click or tap here to enter text.							c.	c. Name of Therapy/Agency: Click or tap here text.								here to e	nter		
	its/Volume/Vis quested:	sits	Click	or ta	ap here to	enter t	ext.			Frequ of Tin		-	_	Clic	ck or	tap h	nere to ent	er text.	
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j. Is th	ne patient curre	ently	treat	ed w	ith the re	queste	d me	edica	ation	(s):				Yes	*:		No:		
*If "Y	es," when was	the t	reatr	nent	with the i	equest	ed r	ned	icati	on st	arte	d? D	ate:	Clic	kort	ap h	ere to ente	r text.	
k. Ant	ticipated medic	atio	n star	t dat	e (MM/DI	D/YY):		Cli	ck or	tap	here	to e	nter	ext.					
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(10)	Attestation:												
	I hereby certify	y and attest	that all	informa	tion p	rovided a	s part	of thi	s prior a	uth	norization is true a	nd accurate.	
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