



**Document any supporting labs or test results? (Please specify)**

NOTE: The most recent relative clinical notes and laboratory results must be included to ensure a complete PA review

**Other Pertinent History (Relative or pertaining to this request):**

**Request for Expedited (URGENT) Review:** By Checking this box, I certify that applying the standard timeframe may seriously jeopardize the health of the member or the member's ability to regain maximum function.

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

7 K V S U H G U I L I Q L Q P D H U Q W W Q E R I W W K K H H \* W R L Y R H W U U - L F H V O V R K & D O K  
& D U H ) L U H V 6 W K L % H C O M G H I & Q R W P K P X Q C L D V Q K ' G H Q W U I O E L F H Q W R H H R O R D Q W  
6 K L H O G % 8 \$ ( V V & R 5 E 2 1 6 D ( \$ W ' L S R % Q D / Q G G 6 K W L K H H O G & U 6 R F F R O D Q D U H U H J L V  
D Q G % O F X L H D W 6 L K R I Q Q H R O I G D L Q S Q H G D V H R S U H R Q F V G L V H D Q D V I Q R G % O % X O X H 6 K L

**IMPORTANT:** This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent for delivering this to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at: 1-866-287-6156 to arrange the return or destruction of the information and all copies.