



St. Luke's Health Plan
Attn: Medical Management
PO Box 1739
Boise, ID 83702

Request for Expedited Review

Use this form to ask us to expedite an **existing** prior authorization request. If you have not yet submitted a prior authorization request, please use our Prior Authorization Request Form instead of this form. The Prior Authorization Request Form includes the option to request an expedited review.

You can also request an expedited review by calling Medical Management at **833-840-1227 (TTY: 711)**. We are available from 8:00 a.m. to 5:00 p.m., Monday through Friday.

An expedited review is appropriate if the standard timeframe for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Member Information

First Name:

Last Name:

Member ID Number:

DOB:

Phone Number:

Authorization # (optional):

Name of person completing this form (if different from the member):

First Name:

Last Name:

Phone #:

What is your relationship to the Member?

☐

Provider

☐

Friend

☐

Authorized Representative

☐

Other

What service is this request related to?

Please provide a brief description of the medical care, service, item or drug that this expedited review request is pertaining to:

Why are you asking for an expedited review?

Please note that we will not expedite reviews of services that have already happened nor requests for payment. These types of requests will be processed according to standard timeframes.

Send completed forms via email or fax:

Email: PreAuthMedicare@slhealthplan.org **Fax:** 833-840-3414