

Request for Exceptional Claims Processing due to State of Emergency

Provider Name: _____

Contact: _____ Phone number: _____

Provider Medicaid ID (Required): _____

Request for Claims Exception

The following exception is being requested due to an Executive Order that was issued by the Governor during a state of emergency (select one):

- ☐ Prior authorization was not requested and services were medically necessary
- ☐ Benefit limits were exceeded and services were needed to maintain members health and safety

The following exception is being requested after the Executive Order expired (select one):

- ☐ 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.
- ☐ The recipient continues to be displaced and must receive services in a different region of the state, or out-of-state.
- ☐ 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.

Other reason specific to the impact of State of Emergency: _____

Claims Submission

Exception claims should be submitted in accordance with AmeriHealth Caritas Florida's standard [claim submission guidelines](#) and must include a copy of this form*.

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

Important Information: To receive payment, provider must be actively enrolled, or have [provisional enrollment](#), with Florida Medicaid.

If you have additional questions about the claim submission process, you can also call Provider Services at **1-800-617-5727** with any questions.