



# AmeriHealth Caritas Florida Request for Exception Claims Processing due to Coronavirus (COVID-19)

**Provider Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**National Provider Identifier (NPI):** \_\_\_\_\_

**Provider Medicaid ID\*:** \_\_\_\_\_

*\*All providers must have a valid Florida Provider Medicaid ID in order to receive reimbursement for services rendered. To request a provisional (temporary) Medicaid ID, please visit <http://www.mymedicaid-florida.com>.*

**I am requesting an exception for the following reason:**

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Signature: \_\_\_\_\_

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

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

**Mail to:  
AmeriHealth Caritas Florida  
Exception Claims Processing  
11631 Kew Gardens Avenue, Suite 200  
Palm Beach Gardens, FL 33410**