



Exception to Rule Request

Fax to: 855-678-6980

For questions, call 1-877-644-4613

Please fill out all sections for timely processing. Please attach all pertinent medical records including but not limited to prescriptions, letter of medical necessity, chart notes, etc.

Member Name (first last) :	Member ID:	
Date of Birth:	Start Date of Service:	
HCPCS/CPTs and Units:	Primary Diagnosis Code:	
Contact Name:	Phone:	Fax:
Requesting Provider Name:	Requesting NPI:	Requesting TIN:
Servicing Provider Name:	Servicing NPI:	Servicing TIN:
Explain why this member is so clinically/medically unique from others with a condition (diagnosis) that an exception to the rule should be granted.		
What other alternatives/less costly treatments have been tried?		
What was the outcome?		