## PerformCARE®

## **Expedited Grievance Physician Certification**

I hereby request that PerformCare expedite a grievance on behalf of:

1. Name:	Date of Birth:
Address:	
Telephone:	MA Recipient #:

2. The expedited grievance is being requested to address the issue of the denial of:

List the service being grieved: \_\_\_\_\_

Please explain your clinical rationale for why the Member's life, health or ability to attain, maintain, or regain maximum function would be placed in jeopardy by following the regular grievance process which takes up to 30 days. (*Please attach additional sheets if needed*)

Signature of Physician

Date