



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 the 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

Please fax the completed and signed form to 717-671-6555; Attn: C&G. Please contact the on-call C&G Coordinator at 1-888-700-7370, option 4 once this form has been faxed.

Revised: 10/13