

PCP Override Request Form

Please fill out this form **completely** to request a PCP override when you have received a denial for referral services **or** the Primary Care Provider (PCP) has not authorized treatment for **past** date(s) of service. You may also use this form to request an override for a BMI that cannot be obtained. The request must be submitted to Medicaid's Network Provider Assistance Unit within 90 days of the date of service. Attach a "**clean claim**" with any supporting documentation to this form and mail to the Network Provider Assistance Unit at the address below. The Network Provider Assistance Unit will process your request within 60 days of receipt. If your request is approved, the corrected claim will be sent to Gainwell and will be processed. If your request is denied, Managed Care Operations will notify you by mail of the denial. This form is available in Appendix E of the Alabama Medicaid Provider Manual and at www.medicaid.alabama.gov.

Mail To:

**Alabama Medicaid Agency
Network Provider Assistance Unit
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624**

Recipient's name: _____ Medicaid number: _____

Recipient's telephone number: (_____) _____ Date(s) of service: _____

Name of PCP: _____ PCP's telephone number: (_____) _____

Name of person contacted at PCP's office: _____ Date contacted: _____

Reason PCP stated he would not authorize treatment: _____

I am requesting an override due to: **(Please check applicable)**

Recipient not attributed to a PCP

Unable to contact or identify the PCP **Please explain:** _____

Unable to obtain BMI (must submit documentation to support reasoning) **Please explain:** _____

Other **Please explain:** _____

Provider name: _____

NPI # _____

Form completed by: _____

Telephone _____ Fax _____