



An expedited pre-service clinical appeal may be requested if the member, an authorized representative or the physician feels that non-approval of the requested service may seriously jeopardize the member's health.

This process does not apply to non-urgent, post-service or retrospective requests.

The medical service or treatment should meet the following criteria:

- Checkboxes for criteria: Satisfy the above description as urgent in nature, Has not yet taken place or is ongoing, Not covered for clinical reasons or not in benefit, Determined by Blue Cross and Blue Shield of Oklahoma (BCBSOK) to be medically unnecessary, experimental, investigational or medically unproven

Instructions

Once it has been determined that the BCBSOK criteria for submitting an expedited clinical pre-service appeal have been met, please proceed as follows:

- 1. Fill out the form below, using the tab key to advance from field to field
2. Print out your completed form and use it as your cover sheet
3. Include medical records, office notes, fax cover sheet and any other necessary documentation to support your request
4. Fax this request form and any new supporting documentation to BCBSOK at 918-551-2011, Attention: Appeals Department. For FEP expedited appeals, fax 972-766-9776.

Form with sections: PATIENT INFORMATION, CASE INFORMATION, PHYSICIAN/FACILITY/PROVIDER INFORMATION, APPELLANT INFORMATION. Includes fields for names, IDs, dates, and contact information.