

**Treating Provider’s Certificate: Expedited TennCare Appeal**

An expedited appeal is an administrative appeal for a medical service that must be either approved or denied within three (3) business days, as opposed to up to ninety (90) days, because of the patient’s health. An appeal will only be expedited if waiting up to ninety (90) days for a decision, “could seriously jeopardize the enrollee’s life, physical health, or mental health or their ability to attain, regain, or maintain full function.”

To request an expedited appeal for your patient:

1. Read the statement below. If you agree, indicate your certification and sign and date in the spaces provided.

<input type="checkbox"/> I certify that I am the treating clinician of the patient named below, and that <i><b>the acute presentation of this medical condition is of sufficient severity that the absence of a decision within three business days could seriously jeopardize the enrollee’s life, physical health, or mental health or their ability to attain, regain, or maintain full function.</b></i>
Provider’s Signature: _____ Date: _____

2. Identify the desired service: \_\_\_\_\_

3. Identify the patient.

\_\_\_\_\_

(Name) (SS#) or (date of birth)

4. At your discretion, please attach a narrative and/or medical records that support this request.

Fax this completed form and any accompanying documentation to the **Bureau of TennCare** at **866-211-7228**. (NOTICE: If your patient has already requested this expedited appeal from TennCare, please submit this certificate and documentation as soon as possible.)