

Expedited Determination Contact Information for Discharge Appeals

Please fill out the information below with your Expedited Determination contact information for normal business hours, after hours, and weekends/holidays. Please include your fax number and email address, and fax the completed form to the appropriate fax number for your state, as listed below. For additional information, please visit our website at www.keproqio.com.

CMS Area	Fax Number
Area 2: DC, DE, FL, GA, MD, NC, SC, VA, WV	844-834-7129
Area 3: AL, AR, CO, KY, LA, MS, MT, NM, ND, OK, SD, TN, TX, UT, WY	844-878-7921
Area 4: IA, IL, IN, KS, MI, MN, MO, NE, OH, WI	844-834-7130

Provider name: _____

Provider number: _____

Provider address: _____

Provider city: _____ State: _____ Zip: _____

M-F business hours contact: _____ Phone: _____

M-F after hours contact: _____ Phone: _____

Weekend/holiday contact: _____ Phone: _____

Fax number: _____

E-mail address for updates: _____

Senior Management Signature

Date