

Expedited Determination Contact Information for Hospital Discharge and Service Termination 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
Region 1: CT, MA, ME, NH, RI, VT	833-868-4055
Region 4: AL, FL, GA, KY, MS, NC, SC, TN	833-868-4058
Region 6: AR, LA, NM, OK, TX	833-868-4060
Region 8: CO, MT, ND, SD, UT, WY	833-868-4062
Region 10: AK, ID, OR, WA	833-868-4064

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