

Updated September 13, 2019

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 email the completed form to ccook@kepro.com. For additional information, please visit our website at www.keproqio.com.

Provider name: _____

Provider number: _____

Provider address: _____

Provider city: _____ State: _____ Zip: _____

M-F business hours (9 am – 5 pm) contact name: _____

Phone: _____ Fax: _____

M-F after hours (5 pm – 8:59 am) contact name: _____

Phone: _____ Fax: _____

Weekend/holiday contact name: _____

Phone: _____ Fax: _____

E-mail address for updates: _____

Senior Management Signature

Date