



# Prestige Health Choice Request for Exceptional Claims Processing due to Hurricane Dorian

**Provider Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**National Provider Identifier (NPI):** \_\_\_\_\_

**I am requesting an exception. The claim meets the exception criteria checked below:**

\_\_\_\_\_ (1) Lack of access to the online or phone services as a result of continued power outages, have prevented provider from submitting timely request for prior authorization.

\_\_\_\_\_ (2) The recipient continues to be displaced and must receive services in a different region of the state, or out-of-state.

\_\_\_\_\_ (3) The recipient’s assigned primary care physician or specialist’s office remains closed due to the storm and urgent care was rendered at another provider’s location without prior authorization.

\_\_\_\_\_ (4) Other reason specific to the impact of Hurricane Dorian:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*A separate completed Request for Exceptional Claims Processing form is required for each claim.\*

**Mail to:**  
**Prestige Health Choice**  
**Exceptional Claims Processing-Hurricane Dorian**  
**11631 Kew Gardens Avenue, Suite 200**  
**Palm Beach Gardens, FL 33410**