



Friday Health Plans of North Carolina, Inc.
700 Main Street
Alamosa, CO 81101

| Member Information | | |
|---|--|------------|
| Member Name: | DOB: | Member ID: |
| Member Address: | Member Phone #: | |
| Provider Information | | |
| Provider and NPI: | Address: | |
| Phone: | Fax: | |
| Medication/Dispensing Information | | |
| Drug Name: | | |
| Strength: | Quantity: | |
| Duration: | Diagnosis code: | |
| Administration Location (<i>patients home, office, infusion center, ect.</i>): | | |
| <input type="checkbox"/> Continuation of treatment | <input type="checkbox"/> Brand Name being requested | |
| <input type="checkbox"/> Administered by Member | <input type="checkbox"/> Administered by someone other than member (specify) | |
| If the member has tried and failed any treatments, please provide in detail treatment regimens that have been tried and failed. | | |
| Briefly describe why medications on the formulary are not alternative options to the non-formulary medication. (attach additional information such as a physician's letter, medical records, or other documents to support your claim): | | |

****Please refer to fridayhealthplans.com for our formulary medications. Failure to provide clinical documentation/complete this form in entirety may result in the delay or denial of your request. Send this form, your denial notice, and any supporting documentation to:***



fridayhealthplans.com
844-465-5500

Friday Health Plans of North Carolina, Inc.
700 Main Street
Alamosa, CO 81101

Friday Health Plans ATTN: Appeals and Grievances
700 Main St.

Alamosa, CO 81101

Phone: 1-800-4758466 Fax: 1-844280-1794

Email: appeals@fridayhealthplans.com

**Be sure to keep copies of this form,
your denial notice, and all
documents and correspondence
related to this claim.**