



FROM |  home state health.

RESPONSE REQUIRED: Provider Fax Back Form

Action: Complete the missing item(s) and fax your revised original request in for processing. Fax numbers are located online in the Quick Reference [Guide. www.allwell.homestatehealth.com](http://www.allwell.homestatehealth.com).

Did you know?

You can check to see if a service requires a prior authorization (by CPT, HCPCs or Rev Code). Prior authorizations can be completed via the Provider Website and many services will be authorized immediately. You can also check the status of a prior authorization.

Please visit www.allwell.homestatehealth.com. **Confidentiality Notice:** The information contained in this fax message is intended only for the personal and confidential use of the designated recipients named above. This message may contain information that is privileged, or is legally privileged, as attorney-client communication and as such is confidential, and protected to the fullest extent of the law. If the reader of this message is not the intended recipient, or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication, in error, please notify us immediately by telephone at **1-855-766-1452** and return the original message to us by mail to **11720 Borman Drive, St. Louis, MO 63146**. Thank You. UM-FB-Rule