



Atrezzo® Fax Exemption Form

Providers may request an exception to the requirement to submit PARs via the Atrezzo® PAR portal only if:

- § The provider is Out-of-State, or the request is for an out of area service,
- § The provider group submits on average 5 or fewer PARS per month, and would prefer to submit a PAR via fax, or
- § The provider is visually impaired.

Please complete the fillable and email this form to:
coproviderissue@kepro.com or Fax: 800-922-3508

Requestors Information

| | |
|---|--|
| * Name: | |
| * Phone Number: | |
| * Email Address: | |
| * Service Setting (Please select from the following): | |

Provider Requestion Exception

Note: Please provide the Billing Medicaid ID number for your provider Group, not the Physician

| | |
|-------------------------------|--|
| * Provider Name | |
| * NPI Number | |
| * Billing Medicaid ID Number: | |

* Signature

| | |
|--|--|
| * I agree that all information is correct and accurate to the best of my knowledge. | |
|--|--|

| | |
|-------------|--|
| * Signature | |
| * Date | |

| | |
|---|--|
| * Exception (Please select from the following): | |
|---|--|

Revised: July 2024

