



## 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@acentra.com](mailto:coproviderissue@acentra.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.	
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* Signature	
* Date	

* Exception (Please select from the following):	
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Revised: August 2025

