Patient 1st Medical Exemption Request

The Patient 1st Program is based on the premise that patient care is best served by a medical home where a Primary Medical Provider (PMP) may coordinate care. The purpose of this form is for the provider to list the reasons why a patient would not benefit from this system of care.

Recipient Name	Recipient Medicaid Number	Date of Birth

Attention Physician: This section is to be completed only by the physician. Please check all blocks that apply regarding the patient's medical condition, and mail to the address below. (**Note:** At least one block should be checked, and the physician information requested below completed.

- ☐ **Terminal Illness** (**Note:** The enrollee has a six month or less life expectancy and/or is currently a hospice patient.)
- ☐ **Impaired Mental Condition** which makes it impossible for the adult enrollee to understand and participate in Patient 1st. (**Note:** This statement is not a determination of the patient's legal mental competence.
- ☐ Currently undergoing **Chemotherapy** or **Radiation treatments.** (**Note:** Exemption for this is temporary and will end with the completion of the therapy).
- ☐ **Diagnosis/Other information**: (Specify reasons why this recipient would not benefit from having a medical home with a local PMP who would coordinate his/her care.)

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Print Physician's Name	NPI Number	Telephone Number	
Return Mailing Address	City	State	Zip
Physician's Signature		Date	

If you have questions about this form, contact Patient 1st at (334) 353-5907. If you would like to apply to become a Patient 1st provider, call 1-800-688-7989. Send this completed and signed form via Fax to (334)353-3856 or mail to:

Alabama Medicaid Agency
Patient 1st Program
501 Dexter Avenue
Montgomery, AL 36103