



Magellan Behavioral Health of Pennsylvania, Inc.
Pennsylvania HealthChoices
Ad Hoc / Out of Network Provider Request

Please complete this form in its entirety. Each field is important in being able to review and process an out of network service request. If you have any questions about how to complete this form, please outreach HealthChoices Magellan at 877-769-9779.

Member County:

[] Bucks Co [] Cambria Co [] Lehigh Co [] Montgomery Co [] Northampton Co

Type of Request: [] Initial [] Concurrent

Is this member currently placed through the Office of Children, Youth, and Families or Juvenile Probation?

[] Yes [] No

Member Information:

Member Name: _____ Member DOB: _____ Medicaid #: _____

Member CURRENT Street Address / Placement: _____

City: _____ State: _____ Zip: _____ County: _____

What is the reason that an out of network request is needed? _____

Does Member have TPL / Primary Insurance? [] Yes [] No

If yes, does the Primary Insurance cover the requested services? [] Yes * [] No

* If yes, this form does not need to be completed. Provider can submit secondary claims without an authorization.

Provider Information:

Provider Requesting Non-Par/Rendering Service: _____

Provider Address where services will be rendered: _____

City: _____ State: _____ Zip: _____

Billing Address (if different than above): _____

City: _____ State: _____ Zip: _____ Phone #: _____

** Please Note: an out of network agreement cannot be completed unless the provider has an active PA Medicaid Enrollment **

MA Enrollment / Promise ID #: _____ Tax ID #: _____

NPI#: _____ HealthChoices Magellan MIS # if known: _____

