

Network Service Availability Form

NCH

AllegianceSM
by Cigna Healthcare

This form is only for services that are not available at NCH regarding covered individuals residing in Collier or Lee County. Network services are eligible **for coverage outside NCH ONLY if the requested service is unavailable at NCH.**

Requests for services at a non-NCH facility or by a non-NCH professional must be preapproved. If services are to be done at a provider office, this form does not need to be completed. Otherwise, please complete this form fully, with medical records attached, and return it to: nch-auth@askallegiance.com or fax 406-532-3513.

**All fields are required. If filling out by hand, please print clearly.
Please be as specific as possible in your answers below as further questions will delay processing.**

Date	Member ID Number	Member Date of Birth
Member Phone Number		Referring Provider
Requested Facility/Provider		Requested TIN/NPI
Type of Specialist Requested		
Future Date of Service		Return Fax Number

Diagnosis Code and Description - Both the code(s) and description(s) of the diagnosis are required

CPT Code and Description - Both the code(s) and description(s) of the procedure are required

Specific medical reason why requesting provider believes services cannot be done at NCH facility or by NCH professional

Member's clinical summary pertaining to services