



NETWORK SERVICE AVAILABILITY FORM

For 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 non-NCH facility or by non-NCH professional must be preapproved. If services are to be done at a provider office then form does not need to be complete. Otherwise, please complete this form 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

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: _____

Diagnosis Code/Description: _____

CPT Code/Description: _____

Medically necessary reason why services cannot be done

at NCH facility or by NCH Professional: _____

Significant Past Medical History: _____

FOR INTERNAL USE ONLY

CONFIRMED: Benefits team reviewed the provider directory and have determined that the requested services above

are **NOT** available at a NCH facility or by an NCH professional

Or

are available at a NCH facility or by an NCH professional

Completed by: _____