

Network Service Availability Form

For Covered Persons living in Collier or Lee County, network services not performed at an NCH facility (including inpatient & outpatient services, advanced imaging, and outpatient therapy) are eligible for coverage only when services are NOT available at NCH. Requests for services at a non-NCH facility must be preapproved or they will be denied. Please complete this form (*all fields required*) and return it, along with any supporting documentation, to:

nch-auth@askallegiance.com or fax 406-532-3513

Date: _____

Employee Name (Please Print): _____

Member ID number: _____

Patient Name: _____

Home Address: _____

Phone Number: _____

Referring Provider: _____

Provider TIN/NPI: _____

Diagnosis: _____

CPT/ICD-10 Code(s): _____

Type of Service Required: _____

Type of Specialist Required: _____

Date(s) of Service: _____

Treating Facility/Provider Info:
(Please provide name/phone/fax) _____

Reason why services cannot be done
At NCH facility or by NCH provider: _____

Confirmed member viewed the provider directory and was unable to locate an in-network provider.

Yes No

Office Use Only			
Date reviewed by NCH MRC _____	Date sent to Allegiance _____	Request Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sent by: _____			