 Service Availability Form

**For St. Peter’s Hospital Health Plan Covered Persons, network services not available through St. Peter’s Tier 1 or Tier 2 providers are eligible for coverage at Tier 2 only when preapproved. Please complete this form** **and return it to**: [stph-auth@askallegiance.com](mailto:stph-auth@askallegiance.com) or fax to 406-532-3513

*All fields are required. If filling out by hand, please print clearly*

Date:

Employee Name: Member ID number:

Patient Name:

Phone Number: Referring Provider:

Provider TIN/NPI:

Diagnosis:

CPT/ICD-10 Code(s)\*:

\*Any ancillary services related to this visit must be completed at the Tier 1 facility for tier 1 benefits to apply

Type of Service Required:

Type of Specialist Required:

Place of Service (Name/TIN):

Date(s) of Service:

Treating Facility/Provider:

Reason why services cannot be done

at St. Peter’s Health Plan Tier 1:

**FOR INTERNAL USE ONLY**

**CONFIRMED:** Benefits team reviewed the provider directory

Tier 1 Provider Located?  Yes  No

Tier 1 search completed by: