



## Out of Network Waiver Form – Montana Only

Submit this completed form with the clinical record and state the reason for making the out-of-network request. You only need to use this form when the member does not have out-of-network benefits.

**Once completed, fax this form, with clinical records, to 559-243-7012.**

Date \_\_\_\_\_

### Patient Information

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Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_

Member ID Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Requested Service (Description)

Requested Service (CPT) \_\_\_\_\_

Diagnosis Codes (ICD-10) \_\_\_\_\_

### Referring In-Network Provider Information

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Provider Type \_\_\_\_\_ Provider Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ NPI \_\_\_\_\_

TIN \_\_\_\_\_

Have you accessed our provider directory to locate an in-network provider who can provide services?

Yes                       No

*If approved out of network benefits would be applied. If not approved services will be denied as non-covered. No authorization is available to in network benefits.*



### Mental Health Providers

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Provider Type \_\_\_\_\_ License Type \_\_\_\_\_

State Licensed In \_\_\_\_\_ License Number \_\_\_\_\_

### Out-of-Network Servicing Providers or Facility Information

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Are you willing to accept out-of-network rates?       Yes       No

Provider or Facility Name \_\_\_\_\_

NPI \_\_\_\_\_ TIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Specialty \_\_\_\_\_

Service Start Date \_\_\_\_\_ Service End Date \_\_\_\_\_

For Outpatient Care – Number of Visits Requested \_\_\_\_\_

Requested Service (CPT) \_\_\_\_\_

Diagnosis Codes (ICD-10) \_\_\_\_\_

Describe History of Presenting Illness

### Qualifying Events for Out-of-Network Care

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- No Providers in the Patient's Network who can Treat their Condition
- Continuity of Care – Use the Continuity of Care Waiver Form
- Patient Request
- Other (Describe)

*If approved out of network benefits would be applied. If not approved services will be denied as non-covered. No authorization is available to in network benefits.*