

## Request for Services at Non-Erlanger Facility

Services not performed at an Erlanger facility (including inpatient & outpatient services/therapy) are eligible for coverage under the Health Plan only when services are NOT available at an Erlanger facility. Requests for services at a non-Erlanger facility must be pre-approved or claims will be denied.

**Please complete the form below and return it to Allegiance along with a pre-treatment request from your provider.** Allow up to 14 days for the review to be completed.

**Fax:** 866-201-0522 or **email:** [EHS-Auth@askallegiance.com](mailto:EHS-Auth@askallegiance.com)

**Mail to:** Allegiance, PO Box 3018, Missoula MT, 59806

**ALL FIELDS REQUIRED**

Date

Participant (Employee) Name

Participant ID number

Patient Name

Patient Phone #

Referring Provider

Diagnosis

CPT Code(s)

Type of Service Required

Type of Specialist Required

Level of Care (mark one)                      Inpatient                      Outpatient

Date(s) of Service

Treating Facility/Provider

Facility Address

Facility Phone and Fax Number

Facility TIN and NPI

Reason service cannot be performed at an EHS facility

**Office Use Only**

Date received by Allegiance  
Medical Review is required      Yes      No

Date sent to EHS  
Date sent to Med Review (if applicable)

Facility Request Approved  
Med Review Approved

Approved	Denied
Approved	Denied