

# TIER 1 SERVICE AVAILABILITY FORM



For St. Peter's Hospital Health Plan Covered Persons, network services not available through St. Peter's Tier 1 providers are eligible for coverage at Tier 1 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: \_\_\_\_\_