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OUT OF NETWORK (OON) REQUEST FORM

The bolded items with an asterisk are needed to identify the member and the requested service/item. PHP, TPA, and PHPFC cannot accept the request if the information in these areas are incomplete.

Member Information			
* Member Name:		* Member # (19 digits)	
5 digit ICD-9 Code(s)		* Date of Birth:	
PCP			
Provider/Practitioner Information			
Referring Physician		Office Contact	
Phone:		Fax #	
* Requested OON Practitioner/Provider		Specialty Type	
Street Address		City, State, Zip Code	
Phone #		Fax #	
If the request is a procedure and will be conducted at a facility:			
* Facility Name		Phone #	
Street		Fax #	
City, State		Facility Contact	
Services			
Did a Network Specialist evaluate the member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the requested services available in the Network? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Requested Service (5 digit CPT code):		<input type="checkbox"/> Initial Request <input type="checkbox"/> Extension Request	
		<input type="checkbox"/> Non-Urgent Service <input type="checkbox"/> <u>Clinically</u> Urgent Service	
Requested Date of Service (DOS):	<input type="checkbox"/> DOS is Scheduled _____ <input type="checkbox"/> DOS Not Scheduled <input type="checkbox"/> Retrospective DOS _____		Number of visits _____
Service Location:	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient
Documentation Needed With The Request			
<input checked="" type="checkbox"/> Clinical documentation that supports the need for service(s)			
<input checked="" type="checkbox"/> Clinical documentation that supports the need for the service(s) to be performed out-of-network			
<input checked="" type="checkbox"/> Consult report from the Network Specialist who evaluated the member for the requested service			
<input checked="" type="checkbox"/> Any other pertinent information you would like to include for review of the request			

To comply with regulatory requirements, all information shared with Physicians Health Plan will be released to the member (or the member's legal representative) upon the member's (or the member's legal representative's) request.