

Request for MassHealth Forms

Providers can download a copy of most MassHealth forms or request a supply of forms through the MassHealth website at www.mass.gov/masshealth. Or providers can use this request form and fax it to 617-988-8973. Providers can also request forms by e-mailing publications@mahealth.net or by calling 1-800-841-2900. When requesting forms by e-mail or phone, be sure to include all of the information requested on this form.

Please print your mailing address clearly.					
MassHealth Provider Name					
Provider ID/Service Location or NPI					
ATTN					
Street		(no P.O. boxes, please)			
Suite/Apt City, State,	, Zip				<u> </u>
Requester's Name		Phone No			
Requested MassHealth Form	Form No.		Quantity	(Check one	for each row.)
☐ Application Packet for Seniors/People Needing LTC	(SACA-1 Packet)			☐ Forms	□ Box(es)
☐ Application Packet for Seniors/People Needing LTC (Spanish)	(SACA-1 Packet –SP)			☐ Forms	□ Box(es)
☐ Application Packet for Health Coverage and Help Paying Costs	(ACA-1 Packet)			☐ Forms	□ Box(es)
☐ Application Packet for Health Coverage and Help Paying Costs (Spanish)	(ACA-1 Packet-SP)			☐ Forms	□ Box(es)
☐ Prescription for Transportation Form	(PT-1)			☐ Forms	
☐ Prior Authorization Request Form (not Drug)	(PA-1)			☐ Forms	
☐ Drug Prior Authorization Request Form	(PA-2)			☐ Forms	
☐ Vision Care Materials Order Form	(VIS-1)			□ Forms	
Forms listed above represent those most frequently listed above, provide the following details below. UsuassHealth forms for providers and members can	Use the back of	f this form if you	need more spa	ce. Please noi	
Requested MassHealth Form	Form No.		Quantity	Quantity (Check one for each ro	
				☐ For	ems
				☐ For	rms
				☐ For	rms
For Internal Use Only: Customer Service Rep. Name:		Ext.:		_Date:	