Magellan Behavioral Health of Pennsylvania, Inc.
Provider Access Form

☐ Bucks County ☐ Cambria County ☐ Delaware County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

This form is to be used when a decrease in provider capacity will compromise the provider's ability to meet time/access standards. This form must be faxed within 24 hours (1 business day) to Magellan Behavioral Health of Pennsylvania, Inc. at 1-866-667-7744. Issues can also be reported online at www.MagellanHealth.com/Provider.

Provider Name (Specify Site): _____

Provider Phone #: _____

Provider Fax #: _____

Level(s) of Care or Specific Program Being Affected:

_____

_____

_____

Detail the Specific Problem Causing Decreased Service Capacity:

_____

_____

_____

Provider Proposed Corrective Action Addressing the Decreased Service Capacity:

_____

_____

_____

Projected Timeframe That Decreased Capacity Will Last:

_____

_____ _____

Provider Signature Date

MAGELLAN USE ONLY - *Internal Tracking: Responsible party should initial and date each section.*

Magellan Notified of Provider Issue: _____

Access Form Sent to Provider: _____

Access Form Received at Magellan from Provider: _____

Access Form Sent by Magellan to County-OBH (If Referral Capacity is Affected): _____

Access Form Sent by County OBH to DHS (If Referral Capacity is Affected): _____