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.magellanprovider.com.

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):  

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