

Medical Assistance Provider Order Form (Forms Available to Providers)

FORM #	TITLE	Unit Package
ENV-K-98	X-Ray Envelope	25/pk
ENV-K-320	Mailing Envelope	25/pk, 500/ctn
MA-3	Abortion Consent	*see below
MA-3-S	Abortion Consent, Span	*see below
MA-30	Hysterectomy Consent, Eng. & Span	*see below
MA-31	Sterilization Consent	*see below
MA-31-S	Sterilization Consent, Span	*see below
MA-51	Medical Evaluation Plan of Care	*see below
MA-91	Encounter Form	*see below
MA-97	Outpatient Services Auth. Request	25/pk
MA-97-LTC	DME Request for NF Resident	*see below
MA-98	Dental Prior Auth. Request	25/pk
MA-103	Long Term Care Admission & Discharge Transmittal	100/pk
MA-112	Newborn Eligibility Form	*see below
MA-116	Hospital Transmittal DRG Day Outlier Request	*see below
MA-300-X	MA Provider Order Form	12/pk
MA-301	Orthodontic Decision Checklist	*see below
MA-307	Signature Transmittal Form	25/pk
MA-312	Home Health Ser. Auth. Durable Med. Equip.	*see below
MA-314	Eligibility Determination Form	100/pk, 500/ctn
MA-325	1150 Administrative Waiver Request	50/pk
MA-332	Presumptive Eligibility Application	*see below
MA-341	Recipient Statement	*see below
MA-368	Recipient Statement	*see below
MA-368-S	Recipient Statement, Span	*see below
MA-369	Recipient Statement (Incest Under Age 18)	*see below
MA-369-S	Recipient Statement (Incest Under Age 18), Span	*see below
MA-372	Certification of Terminal Illness	*see below
MA-373	Election of Hospice Care	25/pk
MA-373-S	Recipient Statement, Span	25/pk
MA-374	Change of Hospice Provider	25/pk, 500/ctn
MA-375	Revocation of Hospice Care	50/pk, 500/ctn
MA-376	Preadmission Screening Resid. Rev. (PASRR) ID Form	*see below
MA-376.2	Preadmission Screening Instrument	*see below
MA-400	Case Management Activity Log	50/pk, 500/ctn
MA-401	Adm. Notice Packet (Nursing Homes)	100/ctn
MA-401-S	Adm. Notice Packet (Nursing Homes), Span	25/pk
MA-402	HB Plus Letter of Agreement	100/pk
MA-403	HB Plus Care Coordination Package	25/pk
MA-408	Target Resident Reporting Form	25/pk
MA-464	EVS Response Worksheet	*see below
MA-466	Deluxe Frames	*see below
MA-467	Temporary Newborn Eligibility Auth.	50/pk
MA-531	Supplemental Attachment for Renal Dialysis Providers	*see below
MA-538	CMS-1500 Commercial Insurance Attachment	50/pk, 500/ctn

FORM #	TITLE	Unit Package
MA-539	CMS-1500 Medicare Attachment	50/pk
MA-549	Dental Benefit Limit Exception Request Form	100/pk
MA-551	OPEC Self-Reporting Form	*see below
MA-552	Obstetrical Needs Assessment Form	*see below
MA-791	State Match Verification, Cont. Pinfd	*see below
PA-4	Auth. for Release of Information	*see below
PA-4-S	Auth. for Release of Information, Span	*see below
PA-600-B	Breast and Cervical Cancer Prevention and Treatment Program Eligibility Application	*see below
PA-600-B-S	Breast and Cervical Cancer Prevention and Treatment Program Eligibility Application, Span	*see below
PA-600-BR	Breast and Cervical Cancer Prevention and Treatment Program Renewal Application	*see below
PA-600-BR-S	Breast and Cervical Cancer Prevention and Treatment Program Renewal Application, Span	*see below
PA-600-HC	Application for Health Care Coverage	50/pk
PA-600-HC-S	Application for Health Care Coverage, Span	50/pk
PA-600-L	MA (Medicaid) Financial Eligibility Appl.	100/pk
PA-600-M(SG)	Mail-In Application for Payment of Medicare Part B	50/pk
PA-600-P	Application for Benefits	100/pk
PA-600-S	Application for Benefits (Spanish)	50/pk
PA-1572	Resource Assessment	50/pk
PA-1572-S	Resource Assessment, Span	50/pk
PA-1615	Outstationing Verification Checklist	*see below
PA-1616	Outstationing Provider Checklist	*see below
PA-1663	Employability Assessment Form	*see below
PA-1666 (SG)	GA Criminal History Inquiry	*see below
PA-1666-S (SG)	GA Criminal History Inquiry, Span	*see below
PA-1671 (SG)	Health Sustaining Medication Assessment Form	*see below
PA-1809 (SG)	Citizenship and Identity Information	*see below
PA-1809-S (SG)	Citizenship and Identity Information, Span	*see below
PA-1817	Unavailability of Documentary Evidence of Citizenship	*see below
PA-1817-S	Unavailability of Documentary Evidence of Citizenship, Span	*see below
PA-1818	Affidavit Attesting to Citizenship	*see below
PA-1818-S	Affidavit Attesting to Citizenship, Span	*see below
PA-1819 (SG)	Affidavit Attesting to Identity of Minor Child	*see below
PA-1819-S (SG)	Affidavit Attesting to Identity of Minor Child, Span	*see below
PUB-159	Protecting Your Spouses Resources	50/pk
PUB-332	MA Estate Recovery Program	50/pk
PUB-332-S	MA Estate Recovery Program, Span	50/pk
PUB-473	Healthy Beginnings Plus, Managed Care	50/pk
PUB-473-S	Healthy Beginnings Plus, Managed Care, Span	50/pk
SS-5	Application for Social Security Card	*see below

You may place your order for, or download, forms online by visiting the following website:
<https://www.dhs.pa.gov/docs/Publications/Pages/Medical-Assistance-Provider-Forms.aspx>

To receive your shipment promptly, we must have your correct shipping address. Only street addresses will be accepted. Please include the name, telephone number and email of the person responsible for receiving your shipments. Also list your **Provider Type** in the box provided.

The forms listed on the left are currently available for ordering. You may order a 3 to 6 month supply of each form. Listed beside each form name is the unit quantity available for ordering. **To place an order, please fill in the form number and the quantity desired either in PACKS or CARTONS on the order form below.** (Example: You want 500 total forms of the MA 97. They are shipped 25/pk, you would list 20 PACKS as your order unit.)

PROMISe™ Provider Type		Order No.
Ex: 11-Pharmacy; 31-Physician etc.		
Provider ID (13 digits)		
CURRENT PROVIDER SHIPPING ADDRESS. <i>Use street address only - we do <u>not</u> ship to PO Boxes.</i>		
NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
ATTENTION:		TELEPHONE NO.:
CONTACT EMAIL ADDRESS:		
To mail this order - Remove the card, apply postcard postage and place it in the mail. PLACE YOUR ORDER IN BLOCKS BELOW		
FORM NO.	# of Packs Needed	# of Cartons Needed (if applicable)
SIGNATURE:		DATE:

* This form is not available for ordering. If you are unable to access the downloadable version of the form online, you may request a copy by calling the correct number for your provider type. Provider Service Center: 1-800-537-8862; Office of Mental Health and Substance Abuse: 1-800-433-4459; Office of Long Term Living: 1-800-932-0939; Office of Developmental Programs: 1-888-565-9435.



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MA PROMISE FORMS
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