

# 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-C	.....Outpatient Services Auth. Request, Cont. ....	1000/ctn
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.....	25/pk
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. ....	25/pk
MA-314	.....Eligibility Determination Form.....	100/pk, 500/ctn
MA-325	.....1150 Administrative Waiver Request.....	50/pk
MA-332	.....Presumptive Eligibility Application.....	100/pk
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, 500/ctn
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.....	25/pk
MA-376.2	.....Preadmission Screening Instrument.....	25/pk
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

FORM #	TITLE	Unit Package
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
MA-539	.....CMS-1500 Medicare Attachment.....	50/pk, 500/ctn
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. Pinfed.....	*see below
PA-4	.....Auth. for Release of Information.....	*see below
PA-600-CH	.....Application for Health Care Coverage.....	50/pk
PA-600-CH-S	.....Application for Health Care Coverage, Span.....	50/pk
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-600-WP	.....Application for Services in Your Home.....	50/pk
PA-1572	.....Resource Assessment.....	50/pk
PA-1572-S	.....Resource Assessment, Span.....	25/pk
PA-1615	.....Outstationing Verification Checklist.....	*see below
PA-1616	.....Outstationing Provider Checklist.....	*see below
PA-1663	.....Employability Assessment Form.....	*see below
PA-1666	.....GA Criminal History Inquiry, Eng. & 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. ....	25/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

\* 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.

You may place your order for, or download, forms on-line by visiting the following website:  
[www.dhs.state.pa.us/findaform/ordermedicalassistanceforms/index.htm](http://www.dhs.state.pa.us/findaform/ordermedicalassistanceforms/index.htm)

**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.		
<b>CURRENT PROVIDER SHIPPING ADDRESS.</b> <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. <b>PLACE YOUR ORDER IN BLOCKS BELOW</b>		
FORM NO.	# of Packs Needed	# of Cartons Needed (if applicable)
SIGNATURE:		DATE:

**Photocopy this part for your records.**



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STAMP  
HERE

DEPARTMENT OF HUMAN SERVICES  
MA PROMISE FORMS  
PO BOX 2675  
HARRISBURG PA 17105-2675