Attachment 2

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-61	Pharmacy Form - NDC	25/pk
MA-91	Encounter Form	*see below
MA-96	Orthodontic Prior Auth. Request	25/pk
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-313-C	Resource Computation Worksheet, Cont.	*see below
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-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-399	Service Coordination Plan	25/pk, 500/ctn
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

FORM #	TITLE	Unit Package
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	100/pk
MA-538	CMS-1500 Commercial Insurance Attachment	50/pk, 500/ctn
MA-539	CMS-1500 Medicare Attachment	50/pk, 500/ctn
MA-791-C	State Match Verification, Cont. Pinfed	1000/ctn
PA-4	Auth. for Release of Information	*see below
PA-600-CH.1	Application for Health Care Coverage	50/pk, 400/ctn
PA-600-CH.1-S	Application for Heatlh Care Coverage, Span.	50/pk, 400/ctn
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-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
PUB-474	Healthy Beginnings Plus, Fee-for-Service	50/pk
PUB-474-S	Healthy Beginnings Plus, Fee-for-Service, Span.	50/pk
SS-5	Application for Social Security Card	100/pk, 1800/ctn

* 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.dpw.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.	

CURRENT PROVIDER SHIPPING ADDRESS.
Use street address only - we do not ship to PO Boxes.

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:

Photocopy this part for your records.

MA 300-X 4/12

PLACE
STAMP
HERE

DEPARTMENT OF PUBLIC WELFARE
MA FORMS CONTRACTOR
PO BOX 60749
HARRISBURG, PA 17106-0749