



Out-of-Network Hospital Notice of Admission and Request for Out-of-Network Contract

The form should be filled out by non-contracted hospitals to alert Alliance Health of an out-of-network inpatient admission and to request a member-specific agreement for billing purposes.

Hospital information

1 Legal name of hospital (as listed in NC Tracks) _____

Federal tax ID # -

Service location _____

Address line 1 _____ Address line 2 _____
Street, P.O. Box, etc. Suite, Building, etc.

City _____ State _____ ZIP code _____

National provider identifier (NPI)

Contract signatory:

Name _____ Title _____

Email address _____ Phone _____

Member information

2 Name _____ Date of birth (mm/dd/yyyy) _____

Medicaid ID _____

Date of admission (mm/dd/yyyy) _____

Supplemental forms*

3 In addition to this form, providers must complete and submit the following required forms located on the Alliance Health website in order to receive payment once your Out-of-Network Contract is executed.

- Portal Access Request Form:** Complete online at the following link AllianceHealthPlan.org/providers/forms/acs-access/
- Full Vendor Packet (Vendor-EFT-W9):** Complete online at the following link form.jotform.com/222644921396360
- Trading Partner and Connectivity Form:** Complete online at the following link: form.jotform.com/222055585367158

Submission instructions

Please complete and submit this form to Contracts@AllianceHealthPlan.org.

Per Medicaid Clinical Coverage Policy, authorization is not required for the first 72 hours of inpatient admission. Beyond 72 hours, provider must also submit OON Service Authorization Request to UMOutofNetwork@AllianceHealthPlan.org.