



Request for MassHealth Forms

Providers can download a copy of most MassHealth forms or request a supply of forms through the MassHealth website at www.mass.gov/masshealth. Or providers can use this request form and fax it to 617-988-8973. Providers can also request forms by e-mailing publications@mahealth.net or by calling 1-800-841-2900. *When requesting forms by e-mail or phone, be sure to include all of the information requested on this form.*

Please print your mailing address clearly.

MassHealth Provider Name _____

Provider ID/Service Location or NPI _____

ATTN _____

Street _____ (no P.O. boxes, please)

Suite/Apt. _____ City, State, Zip _____

Requester's Name _____ Phone No. _____

Requested MassHealth Form	Form No.	Quantity	(Check one for each row.)
<input type="checkbox"/> Application Packet for Seniors/People Needing LTC	(SACA-1 Packet)	_____	<input type="checkbox"/> Forms <input type="checkbox"/> Box(es)
<input type="checkbox"/> Application Packet for Seniors/People Needing LTC (Spanish)	(SACA-1 Packet –SP)	_____	<input type="checkbox"/> Forms <input type="checkbox"/> Box(es)
<input type="checkbox"/> Application Packet for Health Coverage and Help Paying Costs	(ACA-1 Packet)	_____	<input type="checkbox"/> Forms <input type="checkbox"/> Box(es)
<input type="checkbox"/> Application Packet for Health Coverage and Help Paying Costs (Spanish)	(ACA-1 Packet-SP)	_____	<input type="checkbox"/> Forms <input type="checkbox"/> Box(es)
<input type="checkbox"/> Prescription for Transportation Form	(PT-1)	_____	<input type="checkbox"/> Forms
<input type="checkbox"/> Prior Authorization Request Form (not Drug)	(PA-1)	_____	<input type="checkbox"/> Forms
<input type="checkbox"/> Drug Prior Authorization Request Form	(PA-2)	_____	<input type="checkbox"/> Forms
<input type="checkbox"/> Vision Care Materials Order Form	(VIS-1)	_____	<input type="checkbox"/> Forms

Forms listed above represent those most frequently requested by MassHealth providers. To request a supply of any form not listed above, provide the following details below. Use the back of this form if you need more space. Please note: Most MassHealth forms for providers and members can also be found online at www.mass.gov/masshealth.

Requested MassHealth Form	Form No.	Quantity	(Check one for each row.)
_____	_____	_____	<input type="checkbox"/> Forms
_____	_____	_____	<input type="checkbox"/> Forms
_____	_____	_____	<input type="checkbox"/> Forms

For Internal Use Only:

Customer Service Rep. Name: _____ Ext.: _____ Date: _____