



Magellan PNO/Agency/
Single Point of Contact Update
Form 3.17.3

This form is to be used to update Provider Network Organization, Assigned Agency, or Assigned Single Point of Contact information for GHM/SA/SMI members currently enrolled who need this information added to their file or for members changing service Agency, or Single Point of Contact assignment. In order to process this form, all fields must be complete and FAXED to the RBHA. Fax the completed form to 866-891-3485

PNO OR AGENCY CHANGES REQUIRE THE SIGNATURES OF BOTH AGENCIES TO COMPLETE TRANSFER

(1*) Reason for Transfer or Special Instructions: _____

Member Information

(2) Member CIS ID#: _____ (3) Social Security Number: _____
(4) Member Name: _____ (5) Date of Birth: _____
(6) Intake Date: _____ (7) Effective Date of Change: _____

The Effective Date of Change is the Actual Date of the Transfer of Clinical Responsibility

(8) Current PNO MIS#: _____ (9) New PNO MIS#: _____
(10) Current Agency MIS#: _____ (11) New Agency MIS#: _____
(12) Current Single Point of Contact MIS#: _____ (13) New Single Point of Contact MIS#: _____

Contact Information

(14) Person Completing Form: _____ (15) Agency: _____
(16) Phone Number: _____ (17) Fax Number: _____

Signatures are Required for Assigned Agency Transfer or Changes

Transferring Agency

(18) Signature: _____ (19) Date: _____
(20) Name: _____

Receiving Agency

(21) Signature: _____ (22) Date: _____
(23) Name: _____

**Number correlates to field number in user instructions.*