

Exception Request Form

Closed Network Acceptance Review Request

Providers requesting an Exception to Closed Provider Networks please complete this form and submit to:
BHOexceptionrequest@beaconhealthoptions.com

*Beacon Health Options will conduct periodic quarterly reviews of network. You will be notified by email when a decision is made.
 All decisions will be made within 60 days from the date of this request, no information on this request will be available until after that time frame.

Request to Join the Following Networks: Commercial EAP Military One Source(MOS) Medicaid Medicare

Date of Exception Request:	
Network Status:	New to BHO Network Currently Contracted with BHO
Requesting to Contract as :	Solo Solo NPI: Group Group NPI:
Are You Accepting New Patients:	Yes No
** Providers Joining Contracted Groups do not require an Exception Request - Please resubmit on the Online Portal Using Group NPI	
Group/Provider Information	
Group/Provider Name:	
Contact Name:	
Email Address:	
Mailing Address:	
Counties serving:	
SERVICES PROVIDED (Must list BH Services rendered , as well as site where service(s) will be delivered):	
Telehealth Services Provided (HIPPA Compliant Software) Yes No States Licensed for Telehealth Services:	
BH Service	Address where BH Services are Offered
Justification - Supporting Information for Exception Request(For Groups ,please include provider roster and any other information that would assist with this exception request. <div style="display: flex; justify-content: space-between;"> Beacon Member Waiting for Services Single Case Agreements In Place for Services Other (Detail below) </div> <div style="display: flex; justify-content: space-between;"> Currently In Network Solo requesting Group Contract Telehealth Provider </div> Please provide any additional detail below to support this Exception Request:	

For Beacon Internal Use :

Approved By: _____ Title _____ Date _____
Print Name
Title
Date