

23-Frequently Used Forms

Claim Reconsideration Request Form
Health Plan of Nevada I Speak Card
Health Plan of Nevada Provider Grievance Form
Health Plan of Nevada Referral Form
Health Plan of Nevada TOC_COC Form
Maternity Risk Screen Form
Nevada Universal Prior Authorization Form
Oncology Step Therapy Exception Prior Authorization Form
Online Provider Center Forms

- **Penalties for Violations of Terms of Use**
- **Terms of Use Acknowledgement Form**

Primary Care Physician Change Form
Request for Allowables Form

Additional forms applicable to Southern Nevada providers only:

SMA Breast Pump Order Form
SMA Imaging Services Exam Request Form
SMA Imaging Services Expectation Sheet
SMA Imaging Services Expectation Sheet-CT
SMA Imaging Services Expectation Sheet-Dexa Bone Density
SMA Imaging Services Expectation Sheet-FLOURO
SMA Imaging Services Expectation Sheet-HSG
SMA Imaging Services Expectation Sheet-IVP
SMA Imaging Services Expectation Sheet-Mammogram
SMA Imaging Services Expectation Sheet-Myelogram
SMA Imaging Services Expectation Sheet-Ultrasound