***For payment, hospitals complete the following items and submit to*** [***IBHPPrecommitmentServices@MagellanHealth.com***](mailto:IBHPPrecommitmentServices@MagellanHealth.com)***. (When emailing protected health information to Magellan, use secure email.) Please use a separate form for each individual.***

1. *Emergency Room Precommitment Services Invoice*
2. *Proof of commitment*
3. *Medical record for the individual while they were in the emergency room*

If an individual is on an involuntary hold or under an involuntary commitment, waiting for an inpatient mental health program in an emergency room, Magellan will pay for routine and extraordinary medical care and behavioral health services. Magellan will pay behavioral health services based on the outpatient fee schedule and physical health services at 35% of the total cost of services.

**Hospital Information**

|  |  |
| --- | --- |
| **Hospital Name:** | **Date:** |
| **Hospital Address:** | **Billing Period:** |
| **Contact Name:** | **Invoice Number:** |
| **Contact Phone:** | **Contact Email:** |

**Member Information**

|  |  |  |
| --- | --- | --- |
| **Member Name:** | **Member DOB:** | **Member Address:** |

**Magellan verification (*leave blank)***

**Service Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Date of Service** | **Age Group**  ***Child*: 17 years old and younger**  ***Adult*: 18 years and older** | **Region** | **ZIP Code** | **Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I certify the above services were delivered,

and the reimbursement amount is correct. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature