



Current Allowable Charges

I, _____, (Allegiance Provider Direct) request that Allegiance Benefit Plan Management, Inc. email the current allowable charges for my practice/tax ID. (Please fill out one form per practice)

Allegiance Benefit Plan Management

Provider Services

PO Box 3018

Missoula, MT 59806

Phone: (406) 721-2222 Fax: (406) 523-3139

Physician or Practice Name

Specialty

Tax ID

Contact Person

Phone #

Fax#

Office Email Address

Would you like a J Code Allowable Charges to be included? Yes _____ No _____

Submit