

ProviDRs Care
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Group or Client Information

Group Legal Name: _____	Effective Date: _____						
Group Contact Name: _____	Renewal Date: _____						
Title: _____	Total Number of Eligible Employees: _____						
Email: _____	EEs enrolling in PCN Service Area: _____						
Address: _____	Current Carrier/TPA: _____						
City, State Zip: _____	Current Network: _____						
Phone: _____	Current Stop Loss Carrier: _____						
Due Date: _____	Current Funding Type: <table border="0"> <tr> <td>Self</td> <td>Fully</td> <td>Level</td> </tr> <tr> <td>Funded</td> <td>Insured</td> <td>Funded</td> </tr> </table>	Self	Fully	Level	Funded	Insured	Funded
Self	Fully	Level					
Funded	Insured	Funded					

Your Contact Information

Name: _____	Company: _____			
Phone: _____	Address _____			
Email: _____	City, State Zip _____			
	Role: <table border="0"> <tr> <td>TPA</td> <td>Broker/ GA</td> <td>Group HR</td> </tr> </table>	TPA	Broker/ GA	Group HR
TPA	Broker/ GA	Group HR		

Broker Information

Broker Name: _____	Broker Firm Name: _____
Phone: _____	Broker Address: _____
Broker Email: _____	City, State Zip: _____
Support Person: _____	Support Person Email: _____

Information Requested

Geo Specifications: _____ Additional Requests: _____

Standard Request is 1 hospital/ 25 miles; 2 PCPs/ 20 miles; 2 Specialists/ 20 mile

Custom Request

Hospitals	_____	in _____	miles	_____
PCPs	_____	in _____	miles	_____
Specialists	_____	in _____	miles	_____

Disruption: Yes No **Please be sure to include census and claims information per our requested layout when requesting analysis and repricing.**

Discount Analysis: Yes No

Claims Repricing: Yes No

Network Selection to Quote

Please select networks you want quoted:

PCN	PCN with Care Navigator	NexUS	NexUS Flint Hills	NexUS Connect
PHP/Freedom	HealthLink	Midland's Choice	First Health	Prime

Submit the original RFP from the client if applicable including all narrative Q&As along with this form, applicable census and data files. We will include Q&A responses to be provided in the RFP along with an Access Fee Letter.