

Submit to : Client Service@ProviDRsCare.net

1-800-801-9772

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: _____ | Association: _____ |
| City, State Zip: _____ | Stop Loss Carrier _____ |
| Phone: _____ | UM Vendor _____ |
| Group Number: _____ | Current Funding Type: Self Funded Fully Insured Level Funded |

Payer Information

| | |
|------------------------|------------------------|
| Company: _____ | Address: _____ |
| Phone: _____ | City, State, Zip _____ |
| Payor Contact: _____ | Phone: _____ |
| Title: _____ | Email: _____ |
| Account Manager: _____ | Phone: _____ |
| Title: _____ | Email: _____ |
| Account Manager: _____ | Phone: _____ |
| Title: _____ | Email: _____ |

Broker Information

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

Network Selection to Quote

| | | | | | |
|------------------------------------|----------------|------------------|--|-------------------|--------------------|
| Please select networks and add ons | PCN | High-Performance | NexUS | NexUS Flint Hills | NexUS Connect |
| | PHP/Freedom | HealthLink | Midland's Choice | First Health | Prime |
| | Care Navigator | RBP | Utilization Management with network steerage | Case Management | Disease Management |

Out-of-Network Add-on Option _____ Please see TPA guide for additional options beyond our minimal requirement

WRAP Network: _____ WRAP Network Phone: _____

If you are currently with PCN but changing payors, who will administer runout? New Payor Current Payor

Additional Requirements (Please Be Specific)

Please forward copies of ID Cards, Summary Plan Description, and Census Information. ID Cards and Plan design must be approved by ProviDRs Care prior to printing and implementation.