

Submit to : ClientService@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:	_____	Current Carrier/TPA:	_____
City, State Zip:	_____	Current Network:	_____
Phone:	_____	Current Stop Loss Carrier:	_____
Due Date:	_____	Current UM Vendor:	_____
Average time for standard RFPs is 5-10 business days		Current Funding Type:	Self Funded Fully Insured Level Funded

Your Contact Information

TPA	Name: _____	Company:	_____
Broker	Phone: _____	Address	_____
Group	Email: _____	City, State Zip	_____

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 <input type="radio"/>	No <input type="radio"/>	Reporting requests are typically met in 10-14 business days. Please be sure to include census and claims information per our requested layout when requesting analysis and repricing.
Discount Analysis:	Yes <input type="radio"/>	No <input type="radio"/>	
Claims Repricing:	Yes <input type="radio"/>	No <input type="radio"/>	

Selections to Quote - Product details can be found in the TPA/ Consultant Guide on our website www.providrscare.net

Please select networks you want quoted:	PCN	High-Performance	NexUS	NexUS Flint Hills	NexUS Connect
	PHP/Freedom	HealthLink	Midland's Choice	First Health	Prime
Out-of-Network Add-on Option _____	Please see TPA guide for options beyond our minimal requirement				
Network Add-ons:	Care Navigator	RBP	Utilization Management with network steerage	Case Management	Disease Management

Submit the original RFP from the client 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.