

CORPORATE MEDICAL NETWORK™

Provider Nomination Form - Insured Member

Europ Assistance - Global Corporate Solutions (GCS) ITPA Division is a leading international third party administrator (TPA) and health management company. To better meet the healthcare needs of our clients' increased global membership, the GCS - ITPA Division is always looking for opportunities to further enhance our global healthcare partnerships. If you have identified a key provider that is not currently a part of our Corporate Medical NetworkTM, please complete the form below and forward to: Europ Assistance - Global Corporate Solutions (GCS) ITPA Division, Provider Relations Department or E-mail: ProviderNomination@tpa.ea-gcs.com.

Please be advised that this process takes 4-8 weeks and though every effort will be made, this is not a quarantee that the nominated provider will be contracted. Please contact the 24/7 Assistance Centre for further updates.

If this request is in response to an urgent case or upcoming appointment, please refer to the information on the back of your insurance identification card and contact the 24/7 Assistance Centre for immediate assistance.

Healthcare providers interested in becoming a part of the Corporate Medical Network™ can contact us directly at ProviderNomination@tpa.ea-qcs.com to obtain further

information.			•		01 3						
Date submitted:	Submitted by:										
INSURED MEMBER - PLEASE COMPLETE THE REQUIRED INFORMATION											
Insurer	ID Number										
Please indicate below how often you and/or your family visits the nominated provider. Routine family visits On-going treatment Only in urgent cases One-time-visit											
PROVIDER INFORMATION											
Please select Provider Type Hospital Medical Centre/Clinic Physician/Specialists Dentist Lab/Diagnostic Centre Pharmacy Medical Equipment											
Full Provider Name											
Is provider a member of a broader group (if yes, which one) Yes		□ No		☐ Not Sure							
Physical Address (No., Street)											
City	Region / State / Province		Postal / Zip Code		Country						
Telephone (include area code)	Fax (include area code)										
() Email Address											
Ellidii Address	Website Address										
DOOMBED CONTACT INFORMATION											
PROVIDER CONTACT INFORMATION Contracting	Email Address				Telephone (include area code)						
Conditioning	Email Address				()						
Scheduling and Admissions Email Address					Telephone (include area code)						
Billing/Patient Accounts (Department Manager) Email Address					Telephone (include area code)						
International Department Email Address					Telephone (include area code)						
Preferred Language(s) of Communication											
☐ English ☐ Other (Please specify)											
Notes Cities (Flease specify)											

GCS - ITPA DIVISION UPDATE										
Date Closed			Updated By (GCS - ITPA Division Representative)							
Status										
Preferred Provider (Received writt	Discount Yes				□ No					
Case-by-Case (Informal agreement to accept billing arrangements on a case-by-case basis) It is still advised that members contact the GCS - ITPA Division prior to seeking treatment. Our dedicated International Case Management Team will ensure that all the necessary direct billing arrangements are in place.										
☐ Provider not interested at this time										
GCS - ITPA Division will continue to work with the local EA office or agent to secure billing arrangments on a case-by-case basis. Please continue to contact the GCS - ITPA Division prior to seeking treatment to ensure all billing arrangments have been co-ordinated.										
Provider will NOT accept insurance at this time.										
Notes										
GCS - ITPA DIVISION USE										
Internal Systems Updated:	GCS - ITPA Divison ID Number			HTH ID Number						
int i batabase bapatea. Easb i vb.	Yes PVD Added	d 🔲 EGSD P	VD Removed from l	ist No update to international	list required a	nt this time				