



CMN CORPORATE MEDICAL NETWORK™ Provider Nomination Form - Insurer

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 Network™, 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 guarantee that the nominated provider will be contracted. Please contact your account manager for further updates.

If this request is in response to a member's urgent case or upcoming appointment, members should be advised to 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-gcs.com to obtain further information.

Date submitted:	Submitted by:
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INSURER - PLEASE COMPLETE THE REQUIRED INFORMATION

GCS - ITPA Division Client	Group (if applicable)	
Based on location of the nominated provider, please indicate the number of covered lives, including dependents, in the Country and City.	Number of Covered Lives in the Country	Number of Covered Lives in the City

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
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Telephone (include area code)
()

Fax (include area code)
()

Email Address Website Address

PROVIDER CONTACT INFORMATION

Contracting	Email Address	Telephone (include area code) ()
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

GCS - ITPA DIVISION UPDATE

Date Closed	Updated By (GCS - ITPA Division Representative)	
Status		
<input type="checkbox"/> Preferred Provider (Received written agreement)	Discount <input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 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.		
<input type="checkbox"/> Provider not interested at this time		
<input type="checkbox"/> GCS - ITPA Division will continue to work with the local EA office or agent to secure billing arrangements on a case-by-case basis. Please continue to contact the GCS - ITPA Division prior to seeking treatment to ensure all billing arrangements have been co-ordinated.		
<input type="checkbox"/> Provider will NOT accept insurance at this time.		
Notes		

GCS - ITPA DIVISION USE

Internal Systems Updated:	GCS - ITPA Division ID Number	HTH ID Number
Int'l Database Updated: EGSD PVD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PVD Added <input type="checkbox"/> EGSD PVD Removed from list <input type="checkbox"/> No update to international list required at this time