



State of Nevada
 Department of Health and Human Services
 Aging and Disability Services Division
 Office for Consumer Health Assistance
 Bureau for Hospital Patients
 3320 W. Avenue, Suite 100 | Las Vegas, Nevada 89102
 Phone: (702) 486-3587 | Toll Free (888) 333-1597
 Fax: (702) 486-3586 | E-mail: cha@govcha.nv.gov

Election to Participate in NRS 439B.700 to NRS 439B.760

A third party that is not otherwise subject to the provisions of NRS 439B.700 to NRS 439B.760, may choose to elect to participate in provisions (NRS 439B.757) by submitting this form to the Office for Consumer Health Assistance.

Applications received between the 1st and the 14th of the month will be effective the 1st of the following month. Applications received between the 15th through the end of the month will be effective the 15th of the following month. Dates of service that fall on or after the third party participation effective date are eligible for arbitration.

Entity or Organization Name:	DBA (if applicable):
Plan Type:	Customer Service Phone – Eligibility/Claims:

Notification/Transfer & Stabilization Contact Information

Primary Contact Name:	Secondary Contact Name (optional):
Primary Contact Phone:	Secondary Contact Phone:
Primary Email Address:	Secondary Email Address:

Third Party Contact Information for Arbitration

Third Party Contact Name:	Title:
Third Party Phone:	Third Party Mailing Address:
Third Party Email Address:	

Entity or Organization or Designee (please print)

Title

Signature

Date

Email

Phone