



STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Consumer Health Assistance
 Bureau for Hospital Patients
 7150 Pollock Drive | Las Vegas, Nevada 89119
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<u>FOR OFFICE USE ONLY</u>
RECEIVED BY: _____
DATE: _____

NRS 439B.760 Provider & Third Party Reporting Form

Pursuant to NRS 439B.760, on or before December 31 of each year, a provider of health care or third party shall provide to the Department any information requested by the Department to complete the report required by NRS 439B.760.

Indicate the type of entity or organization submitting the report information:

- Provider** (complete sections 1 & 2 of the form)
 Third Party (complete sections 1 & 3 of the form)
Calendar Year:

Section 1: Contact Information

Provider or Third Party Name:	DBA (if applicable):
Mailing Address:	Physical Address:
Provider or Third Party Type:	Provider or Third Party Phone:
Contact Person:	Contact Phone:
Contact Email:	Contact Fax:

Section 2: Provider Data

	NO	YES	If YES, provide percentage difference from preceding year:
As a provider of medically necessary emergency services, has there been a decrease in the number of third party contracts entered into from the immediately preceding year?			
As a provider of medically necessary emergency services, has there been an increase in the number of <u>new</u> third party contracts entered into from the immediately preceding year?			
Provide the types of third parties for whom the <u>new</u> third party contracts were entered into:			

Section 3: Third Party Data

	NO	YES	If YES, provide percentage difference from preceding year:
Has there been a decrease in the number of provider contracts the third party has entered into with providers of medically necessary emergency services from the immediately preceding year?			
Has there been an increase in the number of <u>new</u> provider contracts the third party has entered into with providers of medically necessary emergency services from the immediately preceding year?			
Provide the types of providers for whom the <u>new</u> provider contracts were entered into:			

Provider, Third Party, or Designee (please print)

Title

Signature

Date

Submit form to: CHA@govcha.nv.gov

For any questions or assistance, contact the **Office for Consumer Health Assistance** at (702) 486-3587 or toll free at (888) 333-1597.