

## Provider Nomination Form

Your new **Open-Access Medical Plan** allows you the freedom to choose any provider you wish.

As long as your provider accepts the plan and submits your claim to Acuity Group of Mississippi, LLC, your third-party administrator, you are only responsible for the applicable co-pay, deductible and/or out-of-pocket maximum, as shown on your Explanation of Benefits (EOB).

As part of the ClaimDOC's *Pave the Way™* program, a ClaimDOC Member Advocate will reach out to your provider to educate them on your new plan and to ensure they have the necessary information to accept your plan.

New Patient:

Established Patient:

**Patient Information:**

Member Name:		Date of Birth:
Patient Name:		Date of Birth:
Telephone Number:	Email Address:	

**Provider Information:**

Name of Facility or Practice:		NPI Number:
Name of Doctor:		NPI Number:
Telephone Number:		Appointment Date:
Address:		
City:	State:	Zip Code:

Please submit your completed form to:

**Mail:** ClaimDOC, LLC.  
506 3rd Street, Ste. 200  
Des Moines, IA 50309

**Fax:** (844) 605-7636

**Email:** [membersupport@claim-doc.com](mailto:membersupport@claim-doc.com)

To check the status of your provider nomination, please call 1 (888) 330-7295.