STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Consumer Health Assistance
Bureau for Hospital Patients
555 E. Washington Avenue, Suite 4800 | Las Vegas, Nevada 89101
Phone: (702) 486-3587 | Toll Free (888) 333-1597
Fax: (702) 486-3586 | E-mail: cha@govcha.nv.gov

FOR OFFICE USE ONLY

OCHA CASE # _____

ARBITRATOR: _____

RECEIVED: BY: _____ **DATE:** _____

AB 469 Third Party Reporting Form

Pursuant to AB 469 Sec 19.2. On or before December 31 of each year, a third party shall report requested information for the immediately preceding 12 months on this form.

Third Party Name:	**DBA (if applicable):**
Mailing Address:	**Physical Address:**
Third Party Type:	**Third Party Phone:**
Contact Person:	**Contact Phone:**
Contact E-mail Address:	**Contact Fax:**

1. Number of disputed payments by out-of-network providers for medically necessary emergency services that were settled without arbitration: _____
2. Types of provider of health care that settled disputed payments (list all that apply):
   _____
   _____
   _____
3. Amounts of settled payments (list all that apply): _____
   _____
   _____
   _____
4. Number of new contracts with providers of health care that provide medically necessary emergency services: _____
5. Types of provider of health care that entered into new contracts (list all that apply):
   _____
   _____
6. Number of terminated contracts with providers of health care that provide medically necessary emergency services: _____

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7. List reasons for terminated contracts with providers of health care that provide medically necessary emergency services (list all that apply):

   _____
   _____
   _____
   _____

You may use additional pages if necessary.

I attest that the information provided in this report is true and accurate to the best of my knowledge.

_____ _____

Authorized Representative Name (please print) **Title**

_____ _____

Signature **Date**

Please mail completed form to:

Office for Consumer Health Assistance
Attn: Consumer Health Advocacy Specialist
555 E. Washington, Ste 4800
Las Vegas, Nevada 89101

Form may also be sent by:
Fax to: (702) 486-3586 | Email: CHA@govcha.nv.gov