



STATE OF NEVADA  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Office for Consumer Health Assistance**  
 Bureau for Hospital Patients  
 3320 W. Sahara Ave, 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](mailto:cha@govcha.nv.gov)

<u>FOR OFFICE USE ONLY</u>
RECEIVED BY: _____
DATE: _____

**NRS 439B.760 (1) Arbitration Reporting Form for Claims of \$5,000 or More**

Pursuant to NRS439B.760 (1), on or before December 31 of each year, an arbitrator who arbitrated a matter pursuant to NRS 439B.754 during the immediately preceding 12 months shall report to the Office for Consumer Health Assistance: (a) The number of cases arbitrated by the arbitrator; (b) The types of providers of health care and third parties involved in those cases; (c) The prevailing party in each such arbitration; (d) Information concerning the geographic location of the provider of health care that provided medically necessary emergency services; and (e) Any other information requested by the Department.

<b>Arbitration Organization Name:</b>	<b>Contact Person Name/Title:</b>
<b>Contact Phone:</b>	<b>Contact Email:</b>

**Enter the arbitration case information requested below for all cases arbitrated for medically necessary emergency services provided in each county between January 1<sup>st</sup> and December 31<sup>st</sup>.**

County	Out-of-Network Provider		Out-of-Network Emergency Facility		Issuer of a Health Benefit plan as defined by NRS 695G.019		Public Employees' Benefits Program (PEBP)		Elect-in Entity, Organization or Third Party	
	Total Cases Arbitrated	Provider Prevails	Total Cases Arbitrated	Provider Prevails	Total Cases Arbitrated	Third Party Prevails	Total Cases Arbitrated	Third Party Prevails	Total Cases Arbitrated	Third Party Prevails
Carson City										
Clark										
Douglas										
Washoe										
State-wide Total										

Submit form to: <b>Office for Consumer Health Assistance</b> Attn: Consumer Health Advocacy Specialist 3320 W. Sahara Avenue, Suite 100 Las Vegas, Nevada 89102  This document may also be sent by Fax: (702) 486-3586 or Email: <a href="mailto:CHA@govcha.nv.gov">CHA@govcha.nv.gov</a>  For any questions or assistance, contact the <b>Office for Consumer Health Assistance at (702) 486-3587</b> or toll free at <b>(888) 333-1597</b> .
---

\_\_\_\_\_  
**Arbitration Organization Designee Signature**

\_\_\_\_\_  
**Date**