



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: _____

Election to Participate in AB 469

A third party that is not otherwise subject to the provisions of sections 2 to 19 inclusive of AB 469 may choose at any time to make an election to participate in the provisions of AB 469 by submitting this form.

Third Party Name:	DBA (if applicable):
Mailing Address:	Physical Address:
Third Party Phone:	Third Party Type:
Contact Person:	Contact Phone:
Contact Email Address:	Contact Fax:
Election to Participate Effective Date:	

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

Third Party Authorized Representative (please print)	Title
Signature	Date

Please return the completed election application to:

Office for Consumer Health Assistance
 Attn: Consumer Health Advocacy Specialist
 555 E Washington, Ste 4800
 Las Vegas NV 89101
 Fax: (702) 486-3586
 Email: CHA@govcha.nv.gov