



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

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

Election to Participate in NRS 439B

A third party that is not otherwise subject to the provisions of NRS 439B.757, may choose to elect to participate in the provisions of NRS 439B by submitting this form to the Office for Consumer Health Assistance.

Applications received between the 1st and the 14th of the month will be effective the 1st of the following month. Applications received between the 15th through the end of the month will be effective the 15th of the following month. Dates of service that fall on or after the third party participation effective date are eligible for arbitration.

Third Party Name:	DBA (if applicable):
Third Party Type:	Customer Service Phone – Eligibility/Claims:

Notification/Transfer & Stabilization Contact Information

Primary Contact Name:	Secondary Contact Name (optional):
Primary Contact Phone:	Secondary Contact Phone:
Primary Email Address:	Secondary Email Address:

Contact Information for Arbitration

Contact Name:	Title:
Phone:	Mailing Address:
Email Address:	

Third Party or Designee (please print)

Title

Signature

Date

Email

Phone