



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: _____

REQUEST FOR ARBITRATION CLAIMS UNDER \$5,000

An out-of-network provider requesting arbitration for claims of medically necessary emergency services must submit an application in the format specified below. The request must be submitted within 30 days from the date the third party refuses to pay the additional amount requested by the out-of-network provider or fails to pay that amount pursuant to AB 469, Sec 17.3. The Department of Health and Human Services will not accept applications requesting arbitration past 30 business days from the date the third party refuses to pay the additional amount requested by the out-of-network provider or fails to pay that amount pursuant to AB 469, Sec 17.3 and payment received will be considered payment in full.

Provider type for which arbitration application is being submitted:

- ☐ Out-of-Network Provider
☐ Out-of-Network Emergency Facility

Provider/ Facility Name:	Provider/ Facility DBA:
Provider Mailing Address:	Provider Physical Address:
Provider Phone:	Provider Specialty:
Provider Fax:	Provider Email:
Has Provider ever contracted with Third Party? Yes _____ No _____	If yes, date contract terminated (month/ year):
Provider/ Facility Contact Name:	Contact Phone:
Third Party Name:	Third Party Type:

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

Provider Name (please print)

Signature

Date

Please return the completed application and supporting documentation to:

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

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

For any questions or assistance please call the **Office for Consumer Health Assistance at (702) 486-3587** or toll free at **(888) 333-1597**.