



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

<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.

Arbitration Organization Name:	Contact Person Name/Title:
Contact Phone:	Contact Email:

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

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

Date