



**Provider Nomination Form**

With an IPN *Provider Nomination Form* an employee can nominate an out-of-network provider to inquire about the possibility of participating with IPN.

**Please follow these steps to nominate a provider:**

1. If the provider you would like to nominate is interested in participation with IPN, complete Section 1 Fax to (208) 433-4605 or mail the form to IPN at PO Box 5406, Boise ID 83705 or 901 Pier View Dr., Suite 209, Idaho Falls, ID 83402
2. If the provider is not interested, you may contact your insurance carrier's customer service number on the back of your ID card to receive a list of in-network providers.
3. Once IPN receives the completed *Provider Nomination Form*, a representative will follow-up with the nominated provider or employee and indicate the status of the nomination.

Completion and submission of this form does not guarantee the provider nominated will participate with IPN nor does it commit IPN to contract with the provider. By submitting this form it is understood that IPN may use your employer's name and/or your name (if applicable) in contacting the nominated provider and/or relaying your desire for IPN participation to the provider. Please allow four to six weeks for the nomination to be reviewed. If you have questions on the status of the nomination, please contact your provider directly.

**Section 1**

\*Employee Name \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Provider Name \_\_\_\_\_

**Section 2**

Provider Name \_\_\_\_\_

Specialty \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Provider Office Address \_\_\_\_\_

\* optional

**IPN USE ONLY**

Date Received \_\_\_\_\_

Status \_\_\_\_\_