



Provider Nomination

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

If the provider you would like to nominate is interested in participation with IPN complete information below.

- If completing the form online, click Submit to IPN to email direct to IPN; or
- Email direct to ipn@ipnmd.com, Fax to (208) 433-4605 or mail the form to IPN at PO Box 5406, Boise ID 83705.

Employee Name*	Today's date
Employer	Employer's Address
Provider Name	
Provider Office Address	
Specialty	Provider Phone #
Are you, or a dependent, currently a patient of this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*optional

When IPN receives this completed *Provider Nomination Form*, a representative will follow-up with the nominated provider. Please allow 4-6 weeks for the nomination to be reviewed. Please contact the provider directly regarding the status of the nomination.

If the provider is not interested, please contact your insurance carrier's customer service number on the back of your ID card to receive a list of in-network providers.

IPN USE ONLY	Date Received _____
Status	

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 relaying this nomination for IPN participation.