



Provider Nomination

Return to: PO Box 5406, Boise, ID 83705

Fax to: (208) 433-4605

Email to: ipn@ipnmd.com

Website: www.ipnmd.com

To nominate an out-of-network provider for participation with IPN, complete the information below.

*Nominator Information - *optional	
Name:	Date:
Address (Address, City, State, Zip):	

Nominated Provider Information - required	
Name:	Specialty:
Address (Address, City, State, Zip):	
Office Phone:	Are you or a dependent currently a patient of this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please allow 4-6 weeks for the nomination to be reviewed and the provider to be contacted by IPN.

If the provider is not interested in participating with IPN, you may contact the insurance carrier's customer service using the number provided on the back of the ID card for a list of in network providers.

INTERNAL USE ONLY	
Status:	Date Received: