



Provider Nomination Form

Your ClearChain medical plan is Open-Access; this means that you have the freedom to choose any provider you wish, without restrictions or limitations from your plan. Once your provider submits your medical claim to your plan administrator your health care services will be covered at the "in-network" benefit level, regardless of the source of care.

Member Support will reach out to the provider before your first appointment to educate them on your new plan and ensure they have the necessary information to submit your claims. Please submit a completed form for each provider by email, fax, or US mail. You may also submit your request by visiting www.clearchainhealth.com or call 1 (833) 733-8478.

Patient Information:

Employer Name:	
Employee Name:	Date of Birth:
Patient Name:	Date of Birth:
Phone Number:	Preferred Contact Method:
Email Address:	Preferred Contact Time:

Provider Information:

Name of Facility/Practice:	Established Patient:	
Name of Practitioner:	New Patient:	
Phone Number:	Appointment Date:	
Address:		
City:	State:	Zip Code:

Additional Information and/or Patient Information:

Please submit your completed form to:

Mail: **ClearChain Health**
4230 Tuller Rd,
Dublin, OH 43017

Email member support at benefits@clearchainhealth.com
Fax: 614-467-3610
Phone member support: 833-733-8478

To check the status of your provider nomination, please call 1 (833) 733-8478 and ask to speak with Member Support.