



Provider Nomination Form

If you wish to nominate a particular provider, please complete this form and fax, e-mail or mail your nomination(s) to:

Careington International
C/O Provider Relations
7400 Gaylord Parkway
Frisco, TX 75034

Fax: 800-247-4450

E-Mail: provider@careington.com

Date: _____

Your Name: _____

E-mail: _____

Member ID: _____ **Phone (Day):** () _____ - _____

Group Name: _____

Provider Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Provider Phone: () _____ - _____

Comments: _____

Careington will make every attempt to contact your nominated provider within 72 hours of receipt of this nomination. We suggest that you visit www.careington.com for updated provider information. Careington's Customer Service Department can also be reached at 1-800-290-0523 if you have any questions regarding your plan design or provider issues. Customer Service is available from 7:30 a.m. to 7:00 p.m. CST.

We look forward to serving you.