



# PPO PROVIDER NOMINATION FORM

13080 Belcher Road South, Suite A  
Largo, FL 33773-1642  
Phone: 727.530.4144 Fax: 727.535.3977  
www.floridabenefits.com

EMPLOYER: _____	PHONE: (    ) _____
CONTACT: _____	PLAN NUMBER: _____
EMPLOYEE REQUESTING NOMINATION: _____	
PPO REQUESTED: _____	
PROVIDER NAME: _____	
PHONE: (    ) _____	FAX: (    ) _____
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
PHYSICAL ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____

<b>FBA USE ONLY</b>	
DATE REQUEST RECEIVED: _____	DATE TO PPO: _____
VIA: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	ATTENTION OF: _____
DATE OF PROVIDER MEMBERSHIP: _____	
MEMBERSHIP VERIFIED BY (Name): _____	DATE: _____
EMPLOYER NOTIFICATION (Name): _____	DATE: _____
NOTIFICATION DELIVERED VIA: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	

UPON COMPLETION FAX FORM TO 727.535.3977