Trustmark
benefits beyond benefits

PROVIDER NOMINATION REQUEST

Please complete each section of this form if you would like your provider contacted for participation in the network.

*** = required**

Clinic/Facility Name:

OR *

Provider Name:

Tax ID Number*:

Address *:

Address Line 2:

City, State, Zip *:

Phone *:

Network Name *:

Your Information

Please provide the following information in the event we need to contact you regarding your nomination. This information is considered confidential and is for internal use only.

Name *:

Phone *:

Although we cannot guarantee a provider will choose to participate, the network will do an outreach upon request. Provider nominations can take **45 to 120 days** for approval by the network once they receive a completed application back from the provider. If the provider does not return a completed application, the network will send a reminder notice. The request will be closed if a provider response has not been received after the first 2 reminder notices. We highly encourage members to remind their provider to complete and return the application as quickly as possible to start the review process. **Please submit the completed Nomination Request form to Klang@briedencg.com**