EMERGE. EVOLVE. EXCEL. ENCORE.
THE HEALTHCARE GROUP, LLC

ENCORE HEALTH NETWORK
GROUP NOTIFICATION FORM

PLEASE SELECT ☐NEW GROUP ☐ EXISTING GROUP ☐ TERM NOTIFICATION

Company Name: *(as it will appear on the ID card)*		**Effective Date:**
Address/City/State		**Employer Group #:**
Total #Employees:	**Total # Employees choosing Encore:**	☐ **Self Insured** ☐ **Fully Insured**
Employer Contact Name: **Title:**	**Telephone #:**	**E-mail address:**
Other locations outside Indiana Accessing Encore: ☐ **YES** ☐ **NO** (If more than 1 add sheet)	**If yes:** Address/City/State: _____ _____ and # of employees: _____	
Other Managed Care Network(s)? ☐ **YES** ☐ **NO**	**If YES, In Indiana:** _____ **Outside Indiana:** _____	
Plan Benefit Information:	**In Network %:** _____ **Out of Network% :**_____	
Broker Name:	**Address:**	
E-mail Address:	**Telephone #:**	

Comments:

PRODUCTS AND SERVICES

NETWORK & ACCESS FEES (until 8/31/2022)

☐ EncoreCombined $6.50 PEPM
☐ EncoreCombined TIERED $6.50 PEPM
☐ Encore Only $5.00 PEPM
☐ PV with EncoreCombined-Encore $2.00 PEPM
☐ EncorePrime $6.50 PEPM
☐ EncorePrime TIERED $6.50 PEPM
☐ OTHER_____

NETWORK & ACCESS FEES (EFFECTIVE 9/1/2022)

☐ EncoreCombined **$7.50 PEPM**
☐ EncoreCombined TIERED **$7.50 PEPM**
☐ Encore Only **$6.00 PEPM**
☐ PV with EncoreCombined-Encore **$2.00 PEPM**
☐ EncorePrime **$7.50 PEPM**
☐ EncorePrime TIERED **$7.50 PEPM**
☐ OTHER_____

☐ Existing Group/New Payor; If applicable, identify previous Payor and term date:_____
(see claim run/out below)
☐ TERMINATION: date_____
Reason for Termination:_____

SPECIAL ARRANGEMENTS
☐ Client Specific Discount

CLAIMS RUN IN: ☐ YES ☐ NO
IF YES, beginning date_____
(Encore can only do run in for existing groups changing payors)

PAYOR	**Name:**
	Claims Shipping Address:
	Claims Eligibility Telephone: **Fax #:**
UTILIZATION MANAGEMENT	**Name:**
	Address:
	Telephone: **Fax #:**

Form Completed By:_____Title/ Company:_____

Please forward the completed form along with the following required documents to Kevin McShay @ kmcshay@encoreppo.com or Fred Douse @ fdouse@encoreppo.com.

☐ Completed Information Sheet ☐ Summery Schedule of Benefits ☐ Copy of Pre-approved Identification Card