ClaimDOC®
Fair Payment Solutions for Health Plans

MR Williams
Provider Nomination Form

DirectAccess+® allows you to freely choose your healthcare providers without facing any out-of-network penalties or restrictions. Providers can easily participate in the plan by submitting claims, and all covered service claims will be processed and paid at the highest benefit level, regardless of the source of care. Through ClaimDOC's Pave the Way® program, a ClaimDOC member advocate will reach out to your provider **BEFORE** your appointment to educate them about your new plan and ensure they have all the necessary information to submit your claims.

To nominate your healthcare providers, please submit a completed form for each provider:

Call a Member Advocate
888-330-7295

Email a Member Advocate
membersupport@claim-doc.com

Submit a Provider Nomination
portal.claim-doc.com

Patient Information

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

Provider Information

Name of Facility/Practice:		National Provider Identifier:
Name of Practitioner:		Established Patient: New Patient:
Phone Number:		Appointment Date:
Address:		
City:	State:	ZIP Code:

Additional Information and/or Patient Information:

Please submit your completed form to:

Mail: ClaimDOC, LLC
PO Box 42155
Urbandale, IA 50323

Fax: 844-605-7636

Email: membersupport@claim-doc.com

Website: portal.claim-doc.com

To check the status of your provider nomination, please call 888-330-7295.