



Please return completed form by email to [clientservices@emergingtherapies.com](mailto:clientservices@emergingtherapies.com) or fax to 612-445-5649. Our Client Services team member will contact you upon receipt. Thank you!

Coverage Type:	Commercial	Exchange	Medicare Advantage	Managed Medicaid
----------------	------------	----------	--------------------	------------------

Facility\*: \_\_\_\_\_ Evaluation Appointment Date: \_\_\_\_\_

Contact\*:  Email\*:

Claim Company Physical Address: \_\_\_\_\_

Method of Claim Receipt:	EDI 837 file	Transport Layer Security (TLS) Encrypted Email	Secure File Transfer Protocol (STFP)	US Mail
Availability Payer ID: _____ <small>*required for 837 file delivery</small>				

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Fully Funded/Insured	Self-Funded/Insured
<p>1. <b>Plan Assets:</b> Assets held in a trust or custodial account for the sole purpose of paying plan benefits.</p> <p>2. <b>Insurance Policy:</b> A contract with an insurance company to cover the plan's obligations.</p> <p>3. <b>Actuarial Valuation:</b> A calculation of the plan's liabilities and the assets needed to pay them.</p> <p>4. <b>Annual Report:</b> A report to the Department of Labor (DOL) detailing the plan's financial status.</p>	<p>1. <b>Self-Funding:</b> The employer pays the plan's obligations directly from its own funds.</p> <p>2. <b>Reinsurance:</b> A contract with an insurance company to cover the plan's obligations, similar to a fully funded plan.</p> <p>3. <b>Actuarial Valuation:</b> A calculation of the plan's liabilities and the assets needed to pay them.</p> <p>4. <b>Annual Report:</b> A report to the Department of Labor (DOL) detailing the plan's financial status.</p>

Comment:

2001 Killebrew Drive, Ste. 240 | Bloomington, MN 55425 | T 877.445.4822 | F 612.445.5649