

**PPO  
PROVIDER  
NOMINATION  
FORM**

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:    Email        Fax        Telephone	ATTENTION OF: _____
DATE OF PROVIDER MEMBERSHIP: _____	
MEMBERSHIP VERIFIED BY (Name): _____	DATE: _____
EMPLOYER NOTIFICATION (Name): _____	DATE: _____
NOTIFICATION DELIVERED VIA:    Email        Fax        Telephone	

PLEASE MAIL OR FAX THE COMPLETED SIGNED FORM TO: FIRST BENEFIT ADMINISTRATORS, INC  
9455 Koger Blvd N. Suite 100, St. Petersburg, FL 33702 Phone: 727.530.4144 ♦ Fax: 727-532-9602  
[www.firstbenefitadmin.com](http://www.firstbenefitadmin.com)