Humana Inc.
115 Perimeter Center Place, Suite 650
Atlanta, GA 30346

You have the right to nominate your own health care provider and/or facility by utilizing the Consumer Choice Option. The Consumer Choice Option allows you the opportunity to utilize a nomination process for selecting one or more licensed health care providers and/or facilities, who are not currently associated with our provider network, to join our network. You may nominate a physician, hospital, pharmacy, dentist, or any additional health care provider who is licensed or authorized in this state to furnish health care services. A separate nomination form must be completed for each provider you nominate.

For your nominated provider to be accepted into our network, the following criteria must be met:

1. the provider must be located and licensed in the state of Georgia;
2. the provider must sign the one page nomination form agreeing to accept reimbursement from both you and us, and to accept our standard fee schedule;
3. you must complete the insured portion of the nomination form;
4. the provider must agree to meet our quality assurance requirements and provide us with necessary medical information related to an insured's care;
5. the provider must agree to bill us directly for all services rendered (excluding out-of-pocket responsibilities);
6. the provider must be free of federal and state sanctions;
7. the provider must meet all other reasonable criteria as required for all participating providers.

If you decide to nominate a provider, simply complete and sign the insured portion of the following Consumer Choice Option Dental Provider Nomination Form, and forward it to the provider you wish to nominate. The provider must then complete and sign the provider section of the form and contact us at the telephone number listed on the form. We will then send the provider a provider contracting packet, which must be completed and returned to us.

Once we receive the completed nomination form and all of the required documentation from the nominated provider, we will determine acceptance of the provider within three (3) business days. We will send the provider and you a letter either provisionally accepting the provider, accepting the provider, or rejecting the provider. If the provider is provisionally accepted, a final acceptance will be contingent upon the results of our credentialing review. Not a PPO - Benefits will be the same.

If you have any questions regarding the nomination process, please contact us at 770-350-2161.

Insured by HumanaDental Insurance Company

HUMANA Consumer Choice Option
Dental Provider Nomination Form

TO BE COMPLETED BY INSURED

Insured Name	Insured Identification Number	
Address (City, State, Zip)	Insured Phone Number	
Insured Date of Birth	Group Name	Group Number
Name of Nominated Provider	Provider Specialty	
In accordance with Georgia Regulation #120-2-83-0.10, the insured represents and warrants that the nominated provider is not a Humana Network provider and that the provider, therefore, has not been credentialed by the Humana Credentialing Verification Organization. The insured further warrants that he or she alone is responsible for the selection of the nominated provider. The insured acknowledges that nominated providers must be accepted by Humana prior to services being performed. The insured acknowledges that nominated provider must accept Humana's standard reimbursement and must be credentialed by the Humana Credentialing Verification Organization.		
Insured Signature	Date	

TO BE COMPLETED BY PROVIDER - APPLICABLE TO LICENSED HEALTH CARE PROVIDERS

Provider Name	Tax Identification Number	
Provider Group Name	Georgia License Number	NCPDP# (pharmacies only)
Billing Address (City, State, Zip)	Service Address	
Provider Phone Number	Provider Fax Number	
Medicare Identification Number	Medicaid Identification Number	State
Contact Name	Contact Position and Phone Number	
In accordance with Georgia Regulation #120-2-83-0.10, Provider represents and warrants that he or she is fully licensed in the state of Georgia in the specialty that the insured requires. Provider also warrants that he or she is not a Humana network provider and has not been credentialed by the Humana Credentialing Verification Organization. Provider agrees to be credentialed by the Humana Credentialing Verification Organization and accepts Humana's standard reimbursement established for specified procedures and services. You must call us at (800) 234-3486 prior to returning the completed nomination form in order to obtain a contract and a credentialing application. Both the contract and the credentialing application must be completed and returned to us with the completed nomination form. By completing and returning these forms, you are requesting that we review your forms for participation in our network. Provider agrees to file all claims directly with Humana. Provider also agrees not to balance bill the insured designated above and to adhere to Humana's utilization management requirements and other reasonable criteria.		
Provider Signature	Date	