ClaimDOC®
Fair Payment Solutions for Health Plans

Southeastern University Provider Nomination Form

Your Health Plan is **open-access**, which means you have the freedom to choose any provider you wish. Once your provider submits your medical claim to your plan's administrator, your health care services will be covered at the "in-network" benefit level, regardless of the source of care. As part of ClaimDOC's Pave the Way® program, a ClaimDOC Member Advocate will contact your provider **BEFORE** your first appointment to educate them on your new plan and to ensure they have the necessary information to submit your claims.

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

Call a Member Advocate
1-888-330-7295

Email your form
membersupport@claim-doc.com

Submit an online form
portal.claim-doc.com/guest
PIN: SE33801

Patient Information

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

Provider Information

Name of Facility/Practice:		Established Patient:
Name of Practitioner:		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: 1-844-605-7636

Email: membersupport@claim-doc.com

Website: portal.claim-doc.com/guest

To check the status of your provider nomination, please call 1-888-330-7295.