

ALLIANCE PPOSM

A MAMSI/UnitedHealthcare Company

GROUP DATA SHEET

Date:			
Sales Representative:	Effective Date:		
Group Name:	Group Number:	SIC Code:	
Group Address:			County:
Subsidiary: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach list of Subgroups w/ addresses)			Self Funded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coalition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Contact:		Phone:
Payor:	Contact Person:	Phone:	
Claims Address:			
Broker/Consultant:			Phone:
Broker Address:			

Fees (First month's estimated Access Fee payment should be attached.)

<u>Alliance PPO/MAPSI Products</u>	<u>Number of Employees</u>	<u>Access Fee</u>
Alliance PPO Network Only	_____	_____
MAPSI Network Only	_____	_____
MAPSI Only (Includes Inpatient U.M.)	_____	_____
U.M. Only	_____	_____
Dental-Discount	_____	_____
Dental-PPO	_____	_____
MultiPlan	_____	_____
MAPSI Outpatient Pre-certification	_____	_____
All Claims (PPO and Non-PPO)	_____	_____
Other _____	_____	_____
<u>Alliance PPO/MAPSI Packages</u>		
Alliance PPO Network and U.M.	_____	_____
Alliance PPO Network and MAPSI (Includes MAPSI U.M.)	_____	_____
Alliance PPO and MAPSI Networks ONLY	_____	_____
Alliance PPO Network/U.M./MAPSI	_____	_____
<u>Total Access Fees Per Employee Per Month</u>	_____	_____

ALLIANCE PPOSM

A MAMSI/UnitedHealthcare Company

Directories Requested:

Alliance (Number of)

MAPSI (Number of)

Dental (Number of)

Send Directories to:

Directory Information is available on the internet at www.mamsi.com

Who do Members call for benefits?

Phone:

(800)

Who do Members call for eligibility?

Name:

Phone:

(800)

Is Inpatient pre-certification Mandatory? Yes No
(When Alliance U.M. Products are selected.)

Is a second opinion required? Yes No
If yes, attach list.

Alliance outpatient pre-certification required? Yes No

MAPSI outpatient pre-certification required? Yes No
(This applies only to groups who have MAPSI.)

If **Alliance** does not perform the U.M., please provide the following information:

Name of U.M. Company:

Phone: (800)

If **Alliance** does not perform the Large Case Management (LCM), please provide the contact for LCM cases:

Name:

Phone: (800)

Does this group require notification for LCM? Yes No

Name:

Phone: (800)

Notes: