New Era Life Insurance Companies

New Era Life Insurance Company
New Era Life Insurance Company of the Midwest
Philadelphia American Life Insurance Company

How to Nominate a Provider

First Health Network

Step One

Download the Provider Nomination Form from the New Era website

1. Visit www.neweralife.com
2. Hover over *Policyholder Tab* on the main menu, then select *Provider Nomination*
3. Download the form

Step Two

Fill out the Provider Nomination Form

Note: For any questions regarding this form, please call First Health Customer Service at 1-800-226-5116

Step Three

Submit the completed Provider Nomination Form within your Policyholder Portal

1. Log into your Policyholder Portal at www.neweralife.com
2. From the *Main Navigation Panel*, select *Quick Upload*
3. Select a policy
4. Select the request type *Provider Nomination Form*
5. Provide additional details if necessary
6. Select the file(s) or simply drag and drop the completed form
7. Click *Submit* to upload your request

All submitted forms are sent to First Health for review and processing.

First Health Network
Provider Nomination Form

Your Relationship With Your Doctor is Important

We understand the importance of having confidence in your provider. You've built a trusting relationship and you want to keep it. Yet you can save a lot by using a provider who participates in the First Health Network. That's why we make it easy for you to nominate him or her to join. To find out if your provider already participates in the network, call the toll-free number listed on your ID card or search our electronic directory at www.myfirsthealth.com.

It's Easy to Nominate Your Provider

This is all you need to do: Simply fill out the patient section on the back and send this entire sheet to your provider. You may want to attach an addressed envelope. Here's what your provider will need to do: He or she should complete the provider portion.

Message to Providers

You have obviously worked hard to foster relationships with your patients. As a result, you are being asked by your patient to join the First Health Network. To join, a provider must:

- have privileges at a hospital participating in the First Health Network
- be board certified, if a specialist
- complete an application
- satisfy First Health credentialing review requirements
- sign a participating physician agreement

If you have any questions, please call Provider Services at 800-226-5116.

Due to the number of steps involved, the provider nomination process may take up to six months to complete. If you have questions, please call us at the toll-free number listed on your ID card.

To Be Completed by the Patient

Patient's First Name:

Last Name:

Employer:

Street Address:

City:

State: Zip:

Phone #:

To Be Completed by the Provider

Provider's First Name:

Last Name:

Office Address:

Ste #: City:

State: Zip:

Phone #:

Degree (MD, DO, etc.):

Speciality(s):

Contact Name:

Contact Phone #:

Provider Tax ID:

First Health