



TRISTAR Managed Care
504 Provider Panel
Provider Nomination Form

INSTRUCTIONS

Please complete the form below and fax it to the (Client Name) 504 Panel Administrator at (714)245-4856 or mail it to TRISTAR Managed Care Attn: (Client Name) Panel Administrator P.O. Box 10220 Santa Ana, CA 92711. Nominations can take 4-6 weeks for completion. Form submission does not guarantee the requested nominee will be added to the panel.

I. Requesting Employee Information

First:		Last:		MI:		Date of Injury:	
Date of Birth:		SSN:		Claim Number:			
Address:				City:			
				State:			
				Zip:			
				County/Parish:			
Phone:		Fax:		Email:			

II. Provider Information

Provider Name:			
Provider Group (if applicable):			
Address:	City:		
	State:		
	Zip:		
	County/Parish:		

III. Reason for Nominating Provider

Explain why you are nominating this provider (Attach additional sheets if necessary).