



HEALTHCARE COOPERATIVE

## **OPEN NEGOTIATION REQUEST**

### **INFORMATION ON THE PARTIES AND ITEM(S) AND/OR SERVICES**

\_\_\_\_\_ (Initiating provider/group) is initiating an open negotiation period with **Common Ground Healthcare Cooperative** for the out of network rate of the following item(s) and/or service(s). To negotiate, please contact the initiating party at the email address or phone number below. Please email to [providerinfo@commongroundhealthcare.org](mailto:providerinfo@commongroundhealthcare.org) or fax to 262-754-9690.

MEMBER NAME	MEMBER ID NUMBER	MEMBER DOB	DATE(S) OF SERVICE

**Item(s) and/or service(s):** [include additional spreadsheet. If more lines are needed].

	DESCRIPTION OF SERVICE/ITEM	DATE OF SERVICE	CODE(S) BILLED	INITIAL PAYMENT, IF NONE, WRITE N/A	RATE BEING REQUESTED (INCLUDING ANY COST SHARING)
1					
2					
3					
4					
5					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Email address: \_\_\_\_\_