MARYLAND INSURANCE ADMINISTRATION CONTRACTING PROVIDER APPLICATION

Under Chapter 323 (House Bill 5) of the Acts of the General Assembly of 2000, Contracting Providers that enter into Administrative Service Provider Contracts must register with the Maryland Insurance Administration, and re-register every two years.

	REGISTRATION FEE - \$250.00				
	REGISTRATIO	ON TYPE: NE	EW RENE	WAL	
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1.	CONTRACTING I	PROVIDER N	AME		
	the Maryland Depa liability companies good standing from appear on the letter	rtment of Asse should enter the the Department of good stand	ssments & Taxation. eir name exactly as i ent of Assessments & ing, please enter the	re required to register with Corporations and limited t appears on their letter of & Taxation. If two names name that appears first in , the DBA or AKA name)	
	NOTE: Partnership Assessments & Tax		•	Maryland Department of	
1A	. LEGAL				
1B	3. DBA/AKA NAMI	E			
2.	LETTER OF GOO	OD STANDING	G		
	required to subm Maryland Depar application. Letter date of issuance. I below.	it a photocopy trent of Assess s of good stand Enter the date of	y of their letter of ssments & Taxation ding must be received the letter of good state.	sident and nonresident) are good standing from the with their first registration ed within 90 days from the anding in the space provided	
	NOTE: Partnerships are not required to register with the Maryland Department of Assessments and Taxation.				
	MONTH	DAY	YEAR	STATE	

Even if the Contracting Provider has a PO Box, a street address MUST be provided or the application will not be processed. STREET ADDRESS LINE 1 STREET ADDRESS LINE 2 PO BOX ____ OR ____ COUNTRY **CITY** ZIP CODE: INTERNATIONAL POSTAL CODE: AREA CODE-BUSINESS PHONE NO / AREA CODE-BUSINESS FAX NO 4. FIRM TAX ID NUMBER (FEIN) Indicate the firm's tax ID (also known as FEIN) number by placing one number in each space provided. 5. PRINCIPAL CONTACT PERSON List name, business address and telephone number of the individual acting as the principal contact person for questions relating to this registration form, or for questions relating to the operations of the contracting provider. NAME: ADDRESS: TELEPHONE NUMBER: FAX NUMBER:

6. OFFICERS OF CONTRACTING PROVIDER

List names and positions of senior officers of the Contracting Provider, including, but not limited to: President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Executive Vice Presidents, Treasurer and Secretary.

NAME	POSITION

7. ADMINISTRATIVE SERVICE PROVIDER

For each Administrative Service Provider Contract, as defined by Section 19-713.2(a)(2) of the Health-General Article of the Annotated Code of Maryland, entered into with a Health Maintenance Organization (HMO) or Managed Care Organization (MCO) doing business in Maryland, list the name of the HMO or MCO, approximate number of lives covered as of the date of this application and approximate capitation and other payments received by the contracting provider pursuant to the contract on an annual basis. Use additional pages as necessary.

	APPROXIMATE	APPROXIMATE
NAME	LIVES COVERED	FEES

I HEREBY CERTIFY that this registration form has been examined by me. To the best of my knowledge and belief it is a correct and complete statement made in good faith. I understand that all information on this registration form executed by me will become public record pursuant to Maryland Insurance Law. I also hereby state that I am familiar with the laws of Maryland concerning the regulation of Contracting Providers.

SIGNATURE OF INDIVIDUAL	DATE
COMPLETING REGISTRATION FORM	

RETURN TO: ASP.MIA@MARYLAND.GOV OR BY MAIL TO ASSOCIATE COMMISSIONER, MARKET REGULATION & PROFESSIONAL LICENSING UNIT, MARYLAND INSURANCE ADMINISTRATION, 200 ST. PAUL PLACE, SUITE 2700 BALTIMORE, MD 21202