Noble AMA Select IPA
Capitation Research Request

Date: _____ IPA: **Noble AMA Select IPA**

PCP: _____ Contact: _____ Phone: _____ Fax: _____

The following members are effective per the health plan, but are not showing on my capitation list. Please research and verify that patients are Eligible. We request that you fully complete all fields. Any incomplete information may be delayed. Please be reminded that although enrollment data is current, you may find some members who are new to the HMO plan and/or Provider. **MEMBERS LOADED AFTER CAPITATION WILL APPEAR ON NEXT CAPITATION REPORT WITH ANY RETRO DUE. RETROACTIVE/DELETE WILL ONLY GO BACK UP TO THREE (3) MONTHS**.

This form will be faxed back to the provider within 10 business days.

Membership Information (Please Print Clearly):

Member Name	Date of Birth	Health Plan	Member ID#	Effective Date	*****CAP Month missing*****

ALL INFORMATION MUST BE COMPLETED FAX REQUEST TO: (805) 684-2444 ATTN: Capitation