TOKIO MARINE HCC

New Network Information

Basic Information

Network name (exact spelling, capitalization, and spacing): _____

Product name (if different): _____

Website: _____

Headquarters address: _____

Network contact name: _____

Contact email: _____

Any recent merger/acquisition details?

_____

Product type: PPO, HMO, POS, EPO, RBP, or Other (specify)

_____

If RBP Product: Are the RBP fees covered PEPM or % of billed charges? What is the % of Medicare reimbursement? Can it vary?

_____

States covered by the product (All states? If not, list states covered or not covered, whichever is easier)

_____