



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION

100 North Carson Street
Carson City, Nevada 89701

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ADVANCE NOTICE OF HEALTH CARE OR HEALTH CARRIER TRANSACTION
(NRS 598A.390)

Date Submitted:	
Contact Name:	
Company:	
Address:	
Telephone Number:	
Email:	
Specify group practice or health carrier:	
Effective date of proposed transaction:	
Brief description of the proposed transaction (may attach exhibits if needed):	

<p>If group practice, list the name and specialty of each practitioner who is currently working for the group practice and who is anticipated working for the group practice following the effective date of the transaction (may attach extra sheets as necessary):</p>	
<p>Name(s) of the business entities that are anticipated to provide services following the effective date of the transaction:</p>	
<p>Address(es) where services are to be provided following the effective date of the transaction:</p>	
<p>Description of the services to be provided by practitioners at each location:</p>	
<p>List counties which will be served by each location.</p>	
<p>Email this form notice to:</p>	<p>HSRand30dayHealthNotices@ag.nv.gov</p>

For Office of the Nevada Attorney General use only:

<p>Person receiving notice</p>	
<p>Date of receipt</p>	