

TO: Registered Rental Preferred Provider Network

RE: Annual Statement Filing Instructions

As of July 1, 2016, Rental Preferred Provider Networks must register with the Office of Insurance and Safety Fire. Per state law, 'Rental preferred provider network' means a preferred provider network that contracts with a health insurer or other payor or with another preferred provider network to grant access to the terms and conditions of its contract with providers of health care services.

Rental Preferred Provider Networks must register with the Office of Insurance and Safety Fire within 30 days of commencing business. The following items must be submitted in the application for registration:

- 1. **GID-240-NT** (RPG Notice of Registration);
- 2. **GID-276-EN** (Citizenship Affidavit), along with verifiable identification.
- 3. **\$50 Annual filing fee**, as provided in O.C.G.A. § 33-8-1, will be paid through an electronic payment, a bank to bank transaction accomplished by an electronic funds transfer (EFT) outside our website's company portal. The department's banking information for electronic funds transfer is confidential and each company must request access to this information.

https://www.oci.ga.gov/CompanyPortal

To request authorization to access the department's banking information you will need to follow these steps: (1) Access the company portal on our website at <u>www.oci.ga.gov</u>, (2) Go to the Official EFT (ACH) Request and complete the form, (3) Scan the form into a PDF format and upload the scanned document into the designated section.

If there are any questions concerning Preferred Provider Rental Networks, please contact Tammy Brewster via email at <u>tbrewster@oci.ga.gov</u>.

Please submit all documents as one attachment for each category as one pdf, this will expedite processing of your application.