

CareTrust Health Alliance

Health Plans & Risk Partners Inquiry Form

Please provide the information below so we can explore strategic partnership opportunities.

Organization Information

Organization Name: _____

Primary Contact Name: _____

Title/Role: _____

Email Address: _____

Phone Number: _____

City/State: _____

Organization Type (check all that apply)

- Health Plan
- Reinsurer
- Risk Management Organization
- TPA
- Other: _____

Partnership Interests (check all that apply)

- Reducing claim volatility
- Improving utilization discipline
- Supporting value-based care models
- Direct contracting strategies
- Sustainable cost control solutions

Current Challenges

- Rising claims
- Utilization inefficiencies
- Cost unpredictability
- Provider alignment gaps
- Margin pressure

Partnership Goals

What outcomes are you hoping to achieve through collaboration with CareTrust?

Next Step

Would you like a CareTrust representative to contact you? Yes Just send information