

# PROVIDER NOMINATION FORM

GLOBALHEALTH PROVIDER NETWORKS

Use this form to tell us about a provider you would like us to consider adding to our networks. Fax the completed form to (405) 280-5894 or mail it to Network Development Department, 701 NE 10<sup>th</sup> St, Oklahoma City, OK 73104.

## Please supply information about you

Requester:  Member  Provider  Hospital  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer or company: \_\_\_\_\_

## Please supply information about the provider you are nominating

Provider name: \_\_\_\_\_

Clinic/group name: \_\_\_\_\_

Address where provider sees patients: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person email: \_\_\_\_\_

NPI #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Type of provider:  Primary care (Specialty: \_\_\_\_\_)

Specialist (Specialty: \_\_\_\_\_)

Optometry  Chiropractic  Other: \_\_\_\_\_

Hospital(s) where the provider admits patients (has admitting privileges): \_\_\_\_\_

Foreign Languages Spoken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I am nominating the health care provider above for the GlobalHealth Provider Networks. I understand that GlobalHealth retains the final authority for approving membership in its networks. I also understand that GlobalHealth may use my name or my employer's name in contacting the nominated provider. I also understand that once the application is submitted, it can take several months to credential and add the provider to the GlobalHealth Provider Networks.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* Internal use only \*\*\*\*

Reviewed for completion by: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date assigned: \_\_\_\_\_ Recruit?  Yes  No

Dates - Packet sent: \_\_\_\_\_ System updated: \_\_\_\_\_ Nomination letter sent: \_\_\_\_\_

Date notified requester: \_\_\_\_\_ Note: \_\_\_\_\_