

Moda Health medical provider nomination request



Section 1 > Nomination information

To nominate your provider, please fill out the Member Information section below. New provider participation is contingent on credentialing approval, network needs, state and federal regulations, and other factors.

If your provider would like to initiate a network participation request, have them visit www.modahealth.com/medical/contracting/overview.shtml and submit a new contract request via the web, mail, or fax.

Ready to submit? Return this form to your provider's office, and let them know you would like them to initiate a network participation request with Moda Health.

Once your provider's application has been reviewed, a Moda Health Contract Negotiator will contact them to initiate a participation agreement within 30-60 business days.

Please note: Not all nominated providers will be eligible for participation, and/or not all will choose to participate with any or all Moda Health networks.

Section 2 > Member information

| | | | |
|---------------------------|-------------|-------------|---------------------------------|
| Name (first) | Name (M.I.) | Name (last) | Date (mm/dd/yyyy) |
| Phone | | Email | |
| Employer group name | | | Which network do you belong to? |
| Reason for request | | | |
| Additional considerations | | | |

Section 3 > Provider information

| | |
|---------------|------------------|
| Name | Business name |
| Provider type | Address/location |
| Phone | Email |

Questions? We're here to help. Contact the Moda Health Sales and Service Department toll-free at 800-578-1402. (TTY users, dial 711.)

modahealth.com