CALIFORNIA Behavioral Health NETWORK PARTICIPATION REQUEST FORM

Application Instructions to Behavioral Health Provider or Practitioner:

- *Please note that completion of the nomination form and/or credentialing application does not guarantee acceptance in the Health Net provider network.*
- Your nomination will be reviewed and a response will normally be mailed within two weeks.
- Health Net will review your request to ensure you meet initial participation criteria, including maintaining admitting privileges at a Health Net network hospital.
- Please type or print legibly. Incomplete forms will not be considered.
- Application processing and provider credentialing may take no more than 60 days after a Participating Provider Agreement has been signed and all required information has been received.
- Health Net participates with the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource, which can simplify your application process. If you participate with CAQH, please indicate your ID # below. If you do not participate, a Health Net representative will assist you during the contracting process. For more information, and a demonstration, visit www.caqh.org.

Adding a Behavioral Health Provider or Practitioner to an Existing Health Net Contract:

If you are a Health Net contracted group practice seeking to add a physician/provider to your existing agreement, please check the box below and supply the requested information regarding the individual.

☐ **We are a practice group that is currently contracted with Health Net and are seeking to add the following Behavioral Health Provider or Practitioner to our existing group agreement.**

PHYSICIAN / PROVIDER INFORMATION				
First Name:	MI:	Last Name:	Suffix:	Degree:
Address: STREET:			SUITE:	
CITY:		STATE:	ZIP CODE:	
Telephone #:	Fax #:			
NPI #:	Date of Birth: / /	Applying As: ☐ MD/ Psychiatrist ☐ Psychologist ☐ Masters ☐ ABA Provider ☐ Facility		
Medical Specialties:		License #:		
☐ I am a solo practitioner billing under an individual Tax ID Number. ☐ We are a group practice with multiple providers billing under a single Tax ID number. (Please attach a roster.)				
Tax ID #:	Medical Group Name:			
CAQH Provider ID: IF APPLICABLE - SEE INSTRUCTIONS ABOVE				
Please list your Hospital Affiliations (or Covering Physicians):				
Person to contact regarding this request:				
Contact Phone #:	Contact Email:			

PLEASE RETURN THIS FORM AND A W-9 TO:

FAX: (877) 750-8982
-or- Email: DNBHC@healthnet.com
-or- Mail: Health Net of California, Inc.
Direct Network Contracting
21281 Burbank Blvd.
-Woodland Hills, CA 91311