

# MY FIRST HEALTH NETWORK

## Physician Nomination Form

### Your Relationship with Your Doctor Is Important

We understand the importance of having confidence in your doctor. You've built a trusting relationship and you want to keep it. Yet you can save a lot by using a doctor who participates in the First Health Network. That's why we make it easy for you to nominate him or her to join. To find out if your physician already participates in the network, call the toll-free number listed on your ID card or search our electronic directory at [www.myfirsthealth.com](http://www.myfirsthealth.com). Have your Login ID handy.

### It's Easy to Nominate Your Doctor

This is all you need to do: Simply fill out the patient section on the back and send this entire sheet to your doctor. You may want to attach an addressed envelope.

Here's what your doctor will need to do: He or she should complete the physician portion and mail this form to:

First Health  
Attention: Nominations Department  
750 Riverpoint Drive  
West Sacramento, CA 95605

Or fax to:  
916-374-3648

We'll take over from there...

1. We'll contact your doctor to discuss participation in the network. If interested, we'll send him or her an application.
2. Once we receive the completed application, we'll call your doctor to discuss our criteria for joining our network, and gather any additional information we need.

### Message to Physicians

You have obviously worked hard to foster relationships with your patients. As a result, you are being asked by your patient to join the First Health Network. To join, a physician must:

- have privileges at a hospital participating in the First Health Network
- be board certified, if a specialist
- complete an application
- satisfy First Health credentialing review requirements
- sign a participating physician agreement.

Simply mail or fax your completed form to us. If you have any questions, please call Provider Services at **800-937-6824**, or visit **[www.firsthealth.com](http://www.firsthealth.com)** and click "Doctor or Hospital."

Your patient will be glad you did.

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*Due to the number of steps involved, the physician nomination process may take up to six months to complete. If you have questions, please call us at the toll-free number listed on your ID card.*

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## To Be Completed by the Patient

Patient's First Name:

Last Name:

Employer:

Street Address:

City:

State:  ZIP:

Phone #:

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## To Be Completed and Sent by the Physician

Yes, I would like information on joining the First Health Network.

Physician's First Name:

Last Name:

Office Address:

Ste #:  City:

State:  ZIP:

Phone #:

Degree (MD, DO, etc.):  Specialty(s):

Contact Name:

Contact Phone #:

Provider Tax ID:

**Mail to:** First Health, Attention: Nominations Dept., 750 Riverpoint Drive, West Sacramento, CA 95605  
Or fax to the attention of the First Health Nominations Department at 916-374-3648.