



UC Blue & Gold HMO Behavioral Health Provider Nomination Form

To assure continued care, please provide the information below to nominate your behavioral health provider (i.e. therapist, counselor, psychiatrist) to MHN's network and submit to MHN Provider Relations

via email: Professional.Relations@healthnet.com

or fax: 866-225-7106

Provider First Name _____

Provider Last Name _____

Practice Street Address _____

Practice City _____

Practice State _____

Practice Zip _____

Practice Phone _____

Provider E-mail _____

Provider Licensure _____