



DETERMINING THE APPROPRIATE APPLICATION FOR YOUR SPECIALTY

Thank you for your interest in obtaining an agreement for participation in the Health Net of California provider network. Please note that the enclosed participation applications apply only to *physicians, licensed health care professionals and ancillary providers with practice locations in California.*

The list below will assist you in determining which application applies to you or your organization. Specific instructions on submission are included within each application. **Please use the appropriate form for your specialty, do not submit both.**

- ✓ The attached **Physician Network Participation Request Form** should be filled out for the following provider types:
 - Physicians
 - Other Licensed Health Care Professionals including:
 - PT, OT, Speech Therapist
 - Dietician, Nutritionist
 - MFT, LCSW, PhD (PPO Only)
 - Qualified Autism Service Providers (PPO Only)
 - Urgent Care Centers
 - Physician Assistant
 - Nurse Practitioner
 - Midwife

- ✓ The attached **Ancillary Provider Network Participation Request Form** should be filled out for the following provider types:
 - Ambulance
 - Ambulatory Surgery Center (ASC)
 - Community Based Adult Services (CBAS)
 - Dialysis Facilities
 - Durable Medical Equipment (DME)
 - Family Planning Clinics
 - Hearing Aid Providers
 - Home Health
 - Home Infusion
 - Hospice
 - Laboratory
 - Long Term Acute Care (LTAC)
 - Mental Health & Substance Abuse Facilities **only**
 - Orthotics/Prosthetics (O&P)
 - Ostomy & Medical Supplies
 - Radiology/MRI/PET
 - Skilled Nursing Facilities (SNF)
 - Sleep Study Centers

- ✓ **Other Providers: Do not use this form.** Instead, please proceed as follows:
 - **Pharmacy Provider**, call (800) 968-9004.
 - **Vision Provider**, contact EyeMed Vision Care on-line at www.eyemedvisioncare.com.
 - **Dental Provider**, contact OptumHealth at on-line at www.optumhealth.com for PPO, and Dental Benefit Providers at www.dbp.com for HMO participation information.
 - **Chiropractor or Acupuncturist**, call American Specialty Health at (800) 972-4226.

Again, thank you for your interest in Health Net.



PHYSICIAN NETWORK PARTICIPATION REQUEST FORM

Application Instructions to Physicians / Licensed Health Care Professionals:

- 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 90 to 120 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 Physician / Provider 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 physician/provider to our existing group agreement.**

PHYSICIAN / PROVIDER INFORMATION				
First Name:	MI:	Last Name:	Suffix:	Degree:
Address: <small>STREET:</small>		<small>SUITE:</small>		
<small>CITY:</small>		<small>STATE:</small>	<small>ZIP CODE:</small>	
Telephone #:	Fax #:			
NPI #:	Date of Birth: / /	Applying As: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Both		
Medical Specialties:			License #:	
<input type="checkbox"/> I am a solo practitioner billing under an individual Tax ID Number. <input type="checkbox"/> 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: <small>IF APPLICABLE - SEE INSTRUCTIONS ABOVE</small>				
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-
 Direct Network Contracting
 Mailstop: CA-904-01-03
 Health Net of California, Inc.
 11931 Foundation Place D
 Rancho Cordova, CA 95670



ANCILLARY PROVIDER NETWORK PARTICIPATION REQUEST FORM

~ Health Net of California ~

Instructions to Ancillary Provider:

- This form allows ancillary providers to request participation in the Health Net of California network.
- You should complete the form and then mail or fax it directly to Health Net per instructions below.
- Health Net will review your request to ensure you meet current requirements for participation, as well as filling network needs for your specialty. **Health Net will respond to the request within 30 working days from date of receipt of this form.**
- Please note that acceptance of a provider's request form does not guarantee acceptance into the Health Net Ancillary Provider Network.

PROVIDER INFORMATION	
PROVIDER NAME:	
ADDRESS: <small style="float: right;">STREET:</small>	
<small>CITY:</small>	<small>STATE:</small>
<small>ZIP CODE:</small>	
TELEPHONE #:	FAX #:
NPI #:	
EMAIL ADDRESS:	
ANCILLARY SPECIALTY(S) ¹ :	
TAX ID #(s):	CONTRACTING CONTACT:
MEDICARE CERTIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDI-CAL PARTICIPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MULTIPLE LOCATIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE AREA:
ADDITIONAL INFORMATION:	

RETURN THIS FORM WITH A W-9 TO:

Ancillary Network Management
 Attn: Provider Nominations
 Health Net of California, Inc.
 101 North Brand Blvd., Suite 1500
 Glendale, CA 91203
 FAX: (818) 543-9187

¹COVERED ANCILLARY SPECIALTIES

- Ambulance
- Ambulatory Surgery Center (ASC)
- Community Based Adult Services (CBAS)
- Dialysis Facilities
- Durable Medical Equipment (DME)
- Family Planning Clinics*
- Hearing Aid Providers*
- Home Health
- Home Infusion
- Hospice
- Laboratory*

- Long Term Acute Care (LTAC)
- Mental Health & Substance Abuse -
Facility Providers only*
- Orthotics/Prosthetics (O&P)
- Ostomy & Medical Supplies
- Radiology/MRI/PET*
- Skilled Nursing Facilities (SNF)
- Sleep Study Centers*

***Note:** Contracts for these specialties are mostly utilized for PPO/POS membership