



Please read these instructions to determine the appropriate application process for your specialty.

Thank you for your interest in obtaining an agreement for participation in the Health Net Health Plan of Oregon provider network.

The lists 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 appropriate form for your specialty, do not submit both.

During the application and contracting process, claims payment will be subject to the member's plan benefit. Network participation will be confirmed by Health Net Health Plan of Oregon.

- ✓ The attached ***Physician Network Participation Request Form*** should be completed for the following provider types.
 - Primary care physicians (PCPs):
 - Internal medicine
 - Family practitioners
 - OB/GYNs
 - Pediatricians
 - Specialists:
 - ENT
 - Orthopedic surgeon
 - Surgery
 - Allied health professionals:
 - PT, OT, Speech therapist
 - Midwife
 - Dietician, nutritionist
 - LCSW
 - Physician Assistant

- ✓ The attached ***Ancillary Provider Network Participation Request Form*** should be completed for the following provider types:
 - Ambulatory surgery center (ASC)
 - Dialysis facilities
 - Durable medical equipment (DME)
 - Home health
 - Home infusion
 - Hospice
 - Laboratory
 - Long term acute care (LTAC)
 - Orthotics and prosthetics (O&P)
 - Ostomy and medical supplies
 - Radiology/MRI/PET
 - Skilled nursing facilities (SNF)
 - Sleep study centers

- ✓ ***Other providers, do not use this form.*** Instead, please proceed as follows:
 - **Behavioral Health:** MHN – (800) 977-8216
 - **Vision Provider:** Eye-Med – (866) 392-6058
 - **Dental Provider:** Dental Benefit Providers (DBP) – (877) 410-0176
 - **Alternative Care:** American Specialty Health – (800) 678-9133

Thank you for your interest in Health Net.



Health Net

NETWORK PARTICIPATION REQUEST FORM

Health Net Health Plan of Oregon contracts directly with physicians/providers/facilities in Oregon and southwest Washington

Instructions to Physician/Provider:

- This form allows individual physicians or licensed healthcare professionals to request participation in the Health Net network.
- 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.
- Your request will be reviewed and a response will generally be mailed within two weeks
- Please note that completion of the network participation form, credentialing application or CAQH application does not guarantee acceptance in the Health Net Health Plan of Oregon provider network.
- Application processing and provider credentialing may take 90 to 120 days after receipt of all required information.

PHYSICIAN/PROVIDER INFORMATION

First Name:	MI:	Last Name:	Suffix:	Degree (MD,DO,etc.)
Primary Street Address:				Suite:
City:	State:	County:	Zip:	
Telephone No.:	Fax No.:	Email:		
Date of Birth:	State License No.:	DEA Certificate No.:		
Are you registered with CAQH? <input type="checkbox"/> Yes <input type="checkbox"/> No			CAQH Provider ID (if known):	
Medical Specialty:	Applying as: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional			
<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 (If yes, please provide the medical group name below and attach a physician listing.)				
Tax Identification # (Attach copy of W-9):		NPI#		
Medical Group Name:				
Please List Your Hospital Affiliations:				
Please List Covering Physicians:				

Correspondence/Credentialing Address

Person to contact regarding this request:			
Address:			Suite:
City:	State:	County:	Zip:

PLEASE RETURN THIS FORM AND A W-9 TO: Health Net Health Plan of Oregon.
Provider Network Management
13221 SW 68th Parkway
Tigard, OR 97223-8328

Fax: (855) 536-4449



ANCILLARY PROVIDER NETWORK PARTICIPATION REQUEST FORM ~ Health Net Health Plan of Oregon ~

Instructions to Ancillary Provider:

- This form allows ancillary providers to request participation in the Health Net Health Plan of Oregon network.
- Please complete the form and mail or fax it directly to Health Net at the address or fax number 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 business 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 Provider Network.

PROVIDER INFORMATION:			
PROVIDER NAME:			
<small>STREET:</small>			
ADDRESS:			
<small>CITY:</small>		<small>STATE:</small>	<small>ZIP CODE:</small>
TELEPHONE #:		FAX #:	
NPI #:			
EMAIL ADDRESS:			
ANCILLARY SPECIALTY(S)*:			
TAX ID #(s):		CONTRACTING CONTACT:	
MEDICARE CERTIFIED: <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
 Health Net Health Plan of Oregon, Inc.
 13221 SW 68th Parkway
 Tigard, OR 97223
 Fax: (855) 536-4449**

***COVERED ANCILLARY SPECIALTIES:**

- | | |
|--|---|
| <ul style="list-style-type: none"> • Ambulatory surgery center (ASC) • Dialysis facilities • Durable medical equipment (DME) • Home health • Home infusion • Hospice • Laboratory | <ul style="list-style-type: none"> • Long term acute care (LTAC) • Orthotics and prosthetics (O&P) • Ostomy and medical supplies • Radiology/MRI/PET • Skilled nursing facilities (SNF) • Sleep study centers |
|--|---|