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.
- A response to your request will generally be mailed within 30 business days of receipt of this form
- 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: Gender:		State License No.:	DEA Certificate No.:	
Are you registered with CAQH? ☐ Yes ☐ No			CAQH Provider ID (if known):	
Medical Specialty:		Applying as: ☐ PCP ☐ Specialist ☐ Allied Health Professional		

☐ 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
(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:	Phone:	Email	
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