

FROM: _____ Phone # _____ E-Mail Address _____

MEMO:

Network Health Plan Provider Information Form

W-9 MUST BE INCLUDED WITH PROVIDER INFORMATION FORM	LAST NAME/SUFFIX	
	FIRST NAME/ MIDDLE INITIAL	
	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	DEGREE (MD, DO, ETC)	
	WISCONSIN LICENSE #	
	START DATE	
	NPI #	
	TAXONOMY CODE	
	ACCEPT MEDICAID?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	DATE OF BIRTH	
	LANGUAGES SPOKEN	
	BOARD CERTIFICATION	
	PRIMARY SPECIALTY	
	SECONDARY SPECIALTY	
	LOCUM TENEN	START _____ END _____
	PRIMARY OFFICE NAME	
	PRIMARY CARE PROVIDER	YES <input type="checkbox"/> NO <input type="checkbox"/>
	HOURS PER WEEK	FT=20+ <input type="checkbox"/> PT=< 19 <input type="checkbox"/> PTC=COVERING <input type="checkbox"/>
	ADDRESS	
	CITY, STATE AND ZIP	
COUNTY		
PHONE #		
FAX #		
LOCATION NPI -IF APPLICABLE		

PLEASE ATTACH ANY ADDITIONAL OFFICE INFORMATION ON SEPARATE SHEET

NAME AND ADDRESS TO SEND NHP CREDENTIALING APPLICATION :

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE #	
E-MAIL ADDRESS	

BILLING INFORMATION (AS LISTED IN BOX 33 ON THE HCFA CLAIM FORM)

PAY TO THE ORDER OF	
ADDRESS	
CITY, STATE, ZIP	
PHONE #	
FEDERAL TAX ID	
ORGANIZATION NPI NUMBER	
NAME AND TITLE OF PERSON LEGALLY AUTHORIZED TO SIGN CONTRACT	
ADDRESS TO SEND AGREEMENT	
E-MAIL ADDRESS	

Please assist us with keeping your information accurate by contacting Provider Data Services with changes:
provdatasvs@networkhealth.com 920/720-1565 800/945-1178 fax 920/720-1917
 Website: www.networkhealth.com

The medical specialties listed below are recognized and may be credentialed by Network Health Plan (NHP/NHIC). Please indicate by checking the appropriate box, which specialties from this list you request to be considered for NHP/NHIC credentialing and recredentialing. NHP/NHIC specialty credentials will be granted consistent with the criteria established by the Credentialing Committee. **Will not appear in NHP/NHIC directories*

Specialty	Specialty description	
Allergy & Immunology	Allergy & Immunology	<input type="checkbox"/>
Anesthesiology	*Anesthesiology	<input type="checkbox"/>
	*Critical Care Medicine	<input type="checkbox"/>
	Pain Management	<input type="checkbox"/>
		<input type="checkbox"/>
Behavioral Health	Autism In Home Services	<input type="checkbox"/>
	Behavioral Health	<input type="checkbox"/>
	Behavioral Health-Child & Adolescent	<input type="checkbox"/>
	Chemical Dependency	<input type="checkbox"/>
	Marriage & Family Therapy	<input type="checkbox"/>
	Neuropsychology - Clinical	<input type="checkbox"/>
	Occupational Therapist-Autism In Home Services	<input type="checkbox"/>
	Speech Therapist-Autism In Home Services	<input type="checkbox"/>
	Psychology - Child & Adolescent	<input type="checkbox"/>
	Psychology - General	<input type="checkbox"/>
Chiropractic	Chiropractic	<input type="checkbox"/>
Colon-Rectal Surgery	Surgery - Colon Rectal	<input type="checkbox"/>
Dentistry	Endodontics	<input type="checkbox"/>
	General Dentistry	<input type="checkbox"/>
	Oral & Maxillofacial Surgery	<input type="checkbox"/>
	Pediatric Dentistry	<input type="checkbox"/>
	Periodontics	<input type="checkbox"/>
	Prosthodontics	<input type="checkbox"/>
Dermatology	Dermatology	<input type="checkbox"/>
	Dermatopathology	<input type="checkbox"/>
	Immunology	<input type="checkbox"/>
	Pediatric Dermatology	<input type="checkbox"/>
Emergency Medicine	*Emergency Medicine	<input type="checkbox"/>
	*Medical Toxicology	<input type="checkbox"/>
Family Practice	Adolescent Medicine	<input type="checkbox"/>
	Family Medicine	<input type="checkbox"/>
	General Practice	<input type="checkbox"/>
	Geriatric Practice	<input type="checkbox"/>
	Hospice and Palliative Medicine	<input type="checkbox"/>
	*Hospitalist	<input type="checkbox"/>
	Neuromusculoskeletal Medicine	<input type="checkbox"/>
	Sports Medicine	<input type="checkbox"/>
Internal Medicine	Adolescent Medicine	<input type="checkbox"/>
	Cardiology/Cardiovascular Disease	<input type="checkbox"/>
	Cardiology - Interventional	<input type="checkbox"/>
	Cardiac Electrophysiology	<input type="checkbox"/>
	*Critical Care Medicine	<input type="checkbox"/>
	Endocrinology/Diabetes & Metabolism	<input type="checkbox"/>
	Infectious Disease	<input type="checkbox"/>
	Internal Medicine	<input type="checkbox"/>
	Gastroenterology	<input type="checkbox"/>
	Geriatric Medicine	<input type="checkbox"/>
	Hematology	<input type="checkbox"/>
	*Hospitalist	<input type="checkbox"/>
	Integrative Medicine	<input type="checkbox"/>
	Lipidology	<input type="checkbox"/>
	Nephrology	<input type="checkbox"/>
	Oncology	<input type="checkbox"/>
	Pulmonary Medicine	<input type="checkbox"/>
	Rheumatology	<input type="checkbox"/>
	Sleep Medicine	<input type="checkbox"/>
	Sports Medicine	<input type="checkbox"/>
Medical Genetics	Genetics	<input type="checkbox"/>
	Genetic Counselor	<input type="checkbox"/>
Neurological Surgery	Neurosurgery/Neurological Surgery	<input type="checkbox"/>
	Pediatric Neurosurgery	<input type="checkbox"/>
Nuclear Medicine	* Nuclear Medicine	<input type="checkbox"/>
	*Critical Care Medicine	<input type="checkbox"/>
Obstetrics & Gynecology	Gynecologic Oncology	<input type="checkbox"/>
	Gynecology	<input type="checkbox"/>
	Maternal & Fetal Medicine	<input type="checkbox"/>
	*Perinatal Medicine	<input type="checkbox"/>
	Obstetric & Gynecology	<input type="checkbox"/>
Ophthalmology	Ophthalmology	<input type="checkbox"/>
	Optometry	<input type="checkbox"/>
	Retina/Vitreo Disease	<input type="checkbox"/>
Orthopaedic Surgery	Orthopaedic Spine Surgery	<input type="checkbox"/>
	Orthopaedic Surgery	<input type="checkbox"/>

Specialty	Specialty description	
Otolaryngology	Surgery - Hand	<input type="checkbox"/>
	Sports Medicine	<input type="checkbox"/>
	*Audiology	<input type="checkbox"/>
	Ears, Nose & Throat/Otolaryngology	<input type="checkbox"/>
	*Speech Therapy	<input type="checkbox"/>
	*Speech Therapy - Child & Adolescent	<input type="checkbox"/>
	Pediatric Otolaryngology	<input type="checkbox"/>
Pathology	*Pathology	<input type="checkbox"/>
Pediatrics	Adolescent Medicine	<input type="checkbox"/>
	Lipidology	<input type="checkbox"/>
	*Neonatal-Perinatal Medicine	<input type="checkbox"/>
	*Neonatology	<input type="checkbox"/>
	Pediatrics	<input type="checkbox"/>
	Pediatric Cardiology	<input type="checkbox"/>
	*Pediatric Critical Care Medicine	<input type="checkbox"/>
	Pediatric Endocrinology/Diabetes & Metabolism	<input type="checkbox"/>
	Pediatric Gastroenterology	<input type="checkbox"/>
	Pediatric Hematology/Oncology	<input type="checkbox"/>
	Pediatric Nephrology	<input type="checkbox"/>
	Pediatric Ophthalmology	<input type="checkbox"/>
	Pediatric Physiatry	<input type="checkbox"/>
	Pediatric Pulmonology	<input type="checkbox"/>
	Pediatric Rheumatology	<input type="checkbox"/>
	Sports medicine	<input type="checkbox"/>
Physical Med & Rehab	*Athletic Trainer	<input type="checkbox"/>
	Neuromusculoskeletal Medicine	<input type="checkbox"/>
	*Occupational Therapy	<input type="checkbox"/>
	*Occupational Therapy - Child & Adolescent	<input type="checkbox"/>
	Pain Management	<input type="checkbox"/>
	Pediatric Rehabilitation Medicine	<input type="checkbox"/>
	Physical Medicine & Rehabilitation	<input type="checkbox"/>
	*Physical Therapy	<input type="checkbox"/>
*Physical Therapy - Child & Adolescent	<input type="checkbox"/>	
Rehabilitation Psychology	<input type="checkbox"/>	
Plastic Surgery	Plastic Surgery	<input type="checkbox"/>
	Ophthalmic Plastic Surgery	<input type="checkbox"/>
Podiatry	Podiatry	<input type="checkbox"/>
Preventive Medicine	Aerospace Medicine	<input type="checkbox"/>
	Hyperbaric Medicine	<input type="checkbox"/>
	Occupational Medicine	<input type="checkbox"/>
	Preventive Medicine	<input type="checkbox"/>
Psychiatry & Neurology	Addiction Psychiatry	<input type="checkbox"/>
	Forensic Psychiatry	<input type="checkbox"/>
	Geriatric Psychiatry	<input type="checkbox"/>
	Neurology	<input type="checkbox"/>
	Pain Management	<input type="checkbox"/>
	Psychiatry-General	<input type="checkbox"/>
Psychiatry & Neurology	Vascular Neurology	<input type="checkbox"/>
	Psychiatry - Child & Adolescent	<input type="checkbox"/>
Psychiatry & Neurology	Sleep Medicine	<input type="checkbox"/>
		<input type="checkbox"/>
Radiology	*Radiology	<input type="checkbox"/>
	*Radiation Oncology	<input type="checkbox"/>
	*Radiology - Vascular & Interventional	<input type="checkbox"/>
Surgery	*Assistant Surgeon	<input type="checkbox"/>
	Cardiovascular /Vascular Surgery	<input type="checkbox"/>
	Pediatric Surgery	<input type="checkbox"/>
	Surgery	<input type="checkbox"/>
	Surgery - Hand	<input type="checkbox"/>
	*Surgical Critical Care	<input type="checkbox"/>
	Surgical Oncology	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	
Thoracic Surgery	Cardiothoracic/Thoracic Surgery	<input type="checkbox"/>
	Thoracic Surgery	<input type="checkbox"/>
Urology	Urology	<input type="checkbox"/>
Other	Acupuncture	<input type="checkbox"/>
	*Dietician	<input type="checkbox"/>
	*Hospital Based Urgent Care	<input type="checkbox"/>
	*Urgent Care	<input type="checkbox"/>
	*NP/PA/RN/ST in Specialty Practices	<input type="checkbox"/>
	*Nutrition	<input type="checkbox"/>
	Administrative Physician	<input type="checkbox"/>