

Network Health Plan – Facility Information Form

1570 Midway Place, Menasha, WI 54952; Phone: 800-945-1178; Fax: 920-720-1917

From: _____ Phone #: _____ Email: _____ Memo: _____

W-9 MUST BE INCLUDED WITH THIS FORM

PRIMARY LOCATION INFORMATION

Provider/Location Name:					
Address:					
City		State		ZIP	
General Phone Number		Fax			
Medicare Certification #		NPI #			
Number of Staffed Medicare Certified Beds		Certified Critical Access Facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can this Facility Receive Mail at this Address?					
If not, Name where mail should be sent					
Address					
City		State		ZIP	
Phone		Fax			
Email					
URL (Website) Address:					

Please complete the above portion of this form for each additional location

REMITTANCE \ BILLING

Exact Name/Title on 1099					
Federal Tax ID #					
Name					
Remit Address					
City		State		ZIP	
Primary Contact Name					
Contact Phone		Email			

CREDENTIALLING

Contact Name					
Contact Address					
City		State		ZIP	
Contact Phone		Email			

CONTRACTING

Name of Legally Authorized Signer					
Title					
Contracting Address					
City		State		ZIP	
Phone		Email			

Contracting Administrator use only KK MA MB AA DR
HMO/POS PPO MED PPO Contract File # _____

Please assist us with keeping your information accurate by contacting Provider Informatics with changes: provinfo@networkhealth.com
Website: www.networkhealth.com

The medical specialties/Services listed below are recognized by Network Health Plan and Network Health Insurance Corporation (NHP/NHIC). Please indicate which specialties/services are available at your facility by checking the appropriate box. NHP/NHIC specialty credentials will be granted consistent with the criteria established by the Credentialing Committee. * *Will not appear in NHP/NHIC directories.*

Specialty/Service Description	
Ambulance Service *	<input type="checkbox"/>
Ambulatory Surgery Center	<input type="checkbox"/>
Arrhythmia Monitoring/Cardiac Monitoring	<input type="checkbox"/>
Audiology	<input type="checkbox"/>
Behavioral Health Facility	<input type="checkbox"/>
Breast Prosthetics	<input type="checkbox"/>
Cardiac Surgery Program *	<input type="checkbox"/>
Cardiac Catheterization Services *	<input type="checkbox"/>
Critical Care Services – Intensive Care Units (ICU) *	<input type="checkbox"/>
Diagnostic Radiology *	<input type="checkbox"/>
Drug and Alcohol Facility	<input type="checkbox"/>
Durable Medical Equipment	<input type="checkbox"/>
EEG & Sleep Studies – Remote	<input type="checkbox"/>
Fitness Center	<input type="checkbox"/>
Hearing Aids	<input type="checkbox"/>
Heart Transplant Program *	<input type="checkbox"/>
Heart/Lung Transplant Program *	<input type="checkbox"/>
Home Health	<input type="checkbox"/>
Hospice	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Hospital Based Urgent Care	<input type="checkbox"/>
Inpatient Psychiatric Facility Services *	<input type="checkbox"/>
Intestinal Transplant Program *	<input type="checkbox"/>
Kidney Transplant Program *	<input type="checkbox"/>
Laboratory Services*	<input type="checkbox"/>
Liver Transplant Program *	<input type="checkbox"/>
Lung Transplant Program *	<input type="checkbox"/>
Mammography	<input type="checkbox"/>
Magnetic Resonance Imaging	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>
Occupational Therapy - Child & Adolescent *	<input type="checkbox"/>
Outpatient Dialysis	<input type="checkbox"/>
Outpatient Infusion/Chemotherapy	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>
Pancreas Transplant Program *	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>
Physical Therapy - Child & Adolescent *	<input type="checkbox"/>
Rehabilitation Facility	<input type="checkbox"/>
Skilled Nursing Facilities	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>
Speech Therapy - Child & Adolescent *	<input type="checkbox"/>
Transitional Rehabilitation Unit	<input type="checkbox"/>
Urgent Care Services (Facility)	<input type="checkbox"/>
Wound Vac Therapy	<input type="checkbox"/>