

Network Health Plan – Provider Information Form

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From: Phone #: Email: Memo:

W-9 MUST BE INCLUDED WITH THIS FORM

PROVIDER INFORMATION	Provider First Name:		M.I.		Last Name	
	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Degree (MD, DO, etc.)			
	Date of Birth		Languages Spoken			
	Wisconsin License #		NPI #			
	Primary Care Provider	Yes <input type="checkbox"/> No <input type="checkbox"/>	Accept Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Locum Tenen	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Board Certification		Taxonomy Code			
	Primary Specialty					
	Secondary Specialty					
	Effective (Start) Date		End Date (if Locum)			
LOCATION	Primary Office Name					
	Hours Per Week	Full Time = 20+ <input type="checkbox"/> Part Time =< 19 <input type="checkbox"/> Part Time Covering =Covering <input type="checkbox"/>				
	Location Address					
	City		State		ZIP	
	County		Phone		Fax	
Please complete the above portion of this form for each additional location						
REMITTANCE \ BILLING	Pay to the Order of					
	Federal Tax ID #		Organization NPI #			
	Remit Address					
	City		State		ZIP	
	Primary Contact Name					
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 <input type="checkbox"/> MA <input type="checkbox"/> MB <input type="checkbox"/> AA <input type="checkbox"/> DR <input type="checkbox"/>			
HMO/POS <input type="checkbox"/> PPO <input type="checkbox"/> MED PPO <input type="checkbox"/>		Contract File # _____		Status: Yes <input type="checkbox"/> No <input type="checkbox"/>		

The medical specialties listed 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

NAME:

Specialty / Description
Allergy & Immunology
<input type="checkbox"/> Allergy & Immunology
Anesthesiology
<input type="checkbox"/> *Anesthesiology
<input type="checkbox"/> *Critical Care Medicine
<input type="checkbox"/> Pain Management
Behavioral Health
<input type="checkbox"/> 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
Chiropractic
<input type="checkbox"/> Chiropractic
Colon-Rectal Surgery
<input type="checkbox"/> Surgery - Colon Rectal
Dentistry
<input type="checkbox"/> 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"/> Sleep Apnea Oral Appliances
Dermatology
<input type="checkbox"/> Dermatology
<input type="checkbox"/> Dermatopathology
<input type="checkbox"/> Immunology
<input type="checkbox"/> Pediatric Dermatology
Emergency Medicine
<input type="checkbox"/> *Emergency Medicine
<input type="checkbox"/> *Medical Toxicology
Family Practice
<input type="checkbox"/> 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

Specialty / Description
Family Practice (cont.)
<input type="checkbox"/> Neuromusculoskeletal Medicine
<input type="checkbox"/> Sports Medicine
Internal Medicine
<input type="checkbox"/> 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
Medical Genetics
<input type="checkbox"/> Genetics
<input type="checkbox"/> Genetic Counselor
Neurological Surgery
<input type="checkbox"/> Neurosurgery/Neurological Surgery
<input type="checkbox"/> Pediatric Neurosurgery
Nuclear Medicine
<input type="checkbox"/> * Nuclear Medicine
Obstetrics & Gynecology
<input type="checkbox"/> *Critical Care Medicine
<input type="checkbox"/> Gynecologic Oncology
<input type="checkbox"/> Gynecology
<input type="checkbox"/> Maternal & Fetal Medicine
<input type="checkbox"/> Perinatal Medicine
<input type="checkbox"/> Obstetric & Gynecology
Ophthalmology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Optometry
<input type="checkbox"/> Retina/Vitreo Disease
Orthopaedic Surgery
<input type="checkbox"/> Orthopaedic Spine Surgery
<input type="checkbox"/> Orthopaedic Surgery

Specialty / Description
Orthopaedic Surgery (cont.)
<input type="checkbox"/> Surgery – Hand
<input type="checkbox"/> Sports Medicine
Otolaryngology
<input type="checkbox"/> *Audiology
<input type="checkbox"/> Ear, Nose & Throat/Otolaryngology
<input type="checkbox"/> *Speech Therapy
<input type="checkbox"/> *Speech Therapy - Child & Adolescent
<input type="checkbox"/> Pediatric Otolaryngology
Pathology
<input type="checkbox"/> *Pathology
Pediatrics
<input type="checkbox"/> 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
Physical Med & Rehab
<input type="checkbox"/> *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
Plastic Surgery
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Ophthalmic Plastic Surgery

Specialty / Description
Podiatry
<input type="checkbox"/> Podiatry
<input type="checkbox"/> Foot Surgery
<input type="checkbox"/> Reconstructive Rearfoot Ankle Surgery
Preventive Medicine
<input type="checkbox"/> Aerospace Medicine
<input type="checkbox"/> Hyperbaric Medicine
<input type="checkbox"/> Occupational Medicine
<input type="checkbox"/> Preventive Medicine
Psychiatry & Neurology
<input type="checkbox"/> 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 - Child & Adolescent
<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Vascular Neurology
Radiology
<input type="checkbox"/> *Radiology
<input type="checkbox"/> *Radiation Oncology
<input type="checkbox"/> *Radiology - Vascular & Interventional
Surgery
<input type="checkbox"/> *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
Thoracic Surgery
<input type="checkbox"/> Cardiothoracic/Thoracic Surgery
<input type="checkbox"/> Thoracic Surgery
Urology
<input type="checkbox"/> Urology
Other
<input type="checkbox"/> 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