Health Net Health Plan of Oregon, Inc., "Health Net"

Provider Nomination Form

Instructions

1. Use this form to nominate providers for participation in any of our commercial networks.
2. Please type or print legibly. Incomplete forms will not be considered.
3. Health Net will review your request to ensure the nominated provider meets the criteria for participation.
4. Your request will be reviewed within 30 days of receipt.
5. Please note that completion of the provider nomination form does not guarantee acceptance of the provider into the Health Net provider network.
6. Once a provider has been determined to meet the criteria, and the provider has agreed to contract with Health Net, the contracting and credentialing process generally takes between 90-120 days.

Note: Provider nominations for our ancillary provider network partners should be made by calling the following phone numbers:

- Alternative Care (ASHN): 1-800-678-9133
- Behavioral Health (MHN): 1-800-977-8216
- Vision (EyeMed): 1-866-392-6058
- Dental (DBP): 1-877-410-0176

Physician/Provider information

First name:	MI:	Last name:	Degree (MD, DO, etc.):
Name of medical group or facility:			
Street address:			Suite:
City:	State:	County:	Zip:
Phone #:	Fax # (if known):	Email address (if known):	

Nominator's information

Reason for nomination:	
Name of person submitting nomination:	
Phone #:	Email address:

Please return this form via mail or email to:

Health Net Health Plan of Oregon, Inc.
Provider Network Management
13221 SW 68th Parkway, Suite 500
Tigard, OR 97223-8328

Email: newproviderrequestbox@healthnet.com