



**Internal Use Only:**  
 Date Received: \_\_\_\_\_  
 Name of Contracting Specialist Assigned: \_\_\_\_\_

## Provider Nomination Form

If your physician / provider is not a current participating provider with Nevada Preferred Healthcare Providers (Nevada Preferred) and you wish him / her to possibly become one, please complete the information below and send it to the address noted (forms filled out by the physician / provider will not be accepted). It is our policy that every provider must be credentialed to establish eligibility, appropriate licensure(s), malpractice insurance and a willingness to participate in a managed care program. Therefore, a provider will not automatically be extended an invitation to join one of our PPO networks.

Date: \_\_\_\_\_

**Physician / Provider Information:**

Physician / Provider Name: \_\_\_\_\_

Physician / Provider Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician / Provider Specialty: \_\_\_\_\_

**Person Requesting Provider Addition:**

Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Insured's Employer's Name: \_\_\_\_\_

What network are you currently accessing (check one) – if unsure, check the back of your ID card:



**PLEASE MAIL OR FAX THE COMPLETE FORM TO:**

Nevada Preferred Healthcare Providers  
 ATTN: Contracting Specialist  
 PO Box 30007  
 Reno, Nevada 89520-3007  
 Fax: 775.352.2475  
 Phone: 775.356.1159