

# **Network Health – Facility Information Form**

1570 Midway Place, Menasha, WI 54952; Phone: 800-207-5769; Fax: 920-720-1918

From: Phone #: Email: Memo:

PRIMARY LOCATION INFORMATION	Provider/Location Name:						
	Address:						
	City		State		ZIP		
	General Phone Number		Fax				
	Facilities must not have opted out of Medicare/Medicaid per NHP/NHIC/NHAS requirements. If opted out, NHP/NHIC/NHAS will not be able to credential facility.		Effective Date:				
			NPI #				
	Taxonomy Code		Does this Facility Accept Medicaid?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, Name where mail should be sent				
	Address						
	City		State		ZIP		
	Phone		Fax				
	Provider 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		Office Mgr. Email			
	CREDENTIALING	Contact Name					
		Contact Address					
		City		State		ZIP	
		Contact Phone		Email			
		Name of Legally Authorized Signer					
	CONTRACTING	Title					
Contracting Address							
City			State		ZIP		
Phone			Email				

Contracting Administrator use only

HMO/POS ☐ PPO ☐ MED PPO ☐

LJ ☐ DM ☐ JM ☐ VT ☐

Contract File # \_\_\_\_\_

Please assist us with keeping your information accurate by contacting Provider Informatics with changes: [provinfo@networkhealth.com](mailto:provinfo@networkhealth.com)  
 Website: [www.networkhealth.com](http://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.*

Provider name:	
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"/>