



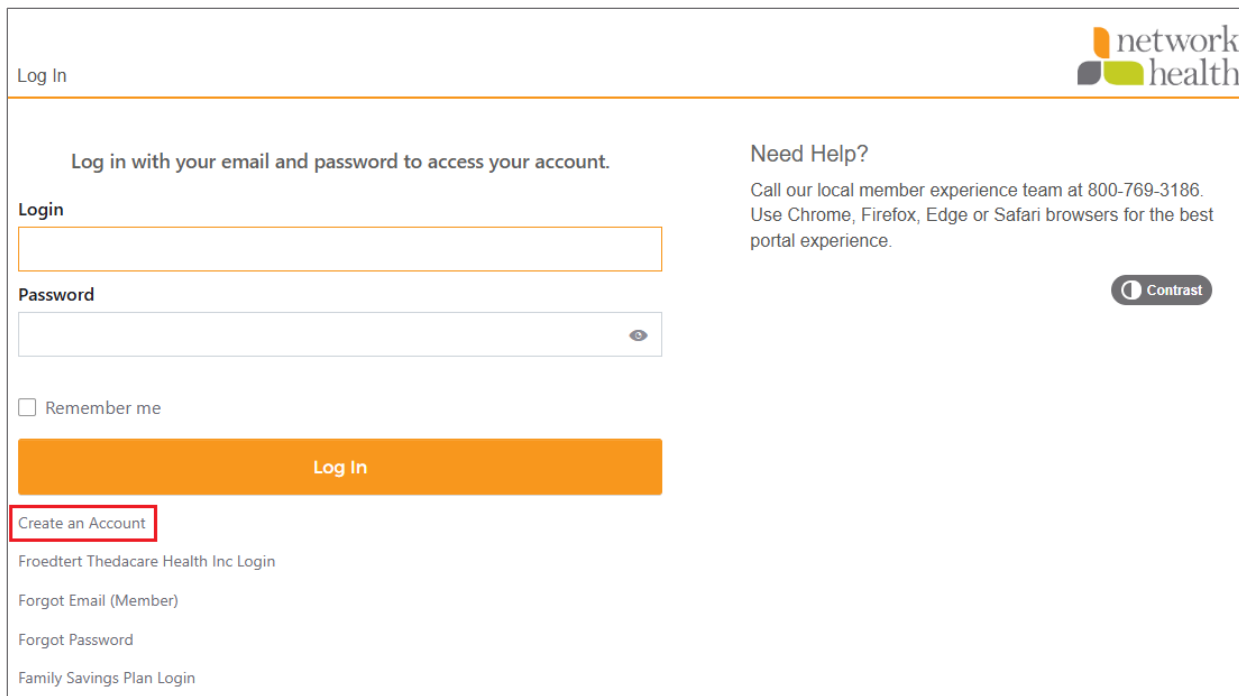
Locating and Submitting Provider, Facility and Termination Forms In the Provider Portal*

**Groups with delegated credentialing agreements do not need to submit Provider/Facility Information or Provider Termination Forms. Delegated providers may continue to submit updates through the roster.*

Step 1

Log into the Provider Portal

- Log into provider portal account at login.networkhealth.com
- If you do not have a Network Health provider portal account, select Create an Account.
- [Click here](#) for instructions on creating a portal account.



The screenshot shows the login page for the Network Health provider portal. The page has a white background with a teal and orange header. The Network Health logo is in the top right corner. The main content area is divided into two columns. The left column contains the login form, and the right column contains a 'Need Help?' section. The login form includes a 'Log In' header, a prompt to log in with email and password, a 'Login' label, an email input field, a 'Password' label, a password input field with a toggle icon, a 'Remember me' checkbox, and a large orange 'Log In' button. Below the button is a 'Create an Account' link, which is highlighted with a red box. Other links include 'Froedtert Thedacare Health Inc Login', 'Forgot Email (Member)', 'Forgot Password', and 'Family Savings Plan Login'. The 'Need Help?' section includes contact information for the local member experience team and browser recommendations. A 'Contrast' button is also visible.

Log In

network health

Log in with your email and password to access your account.

Need Help?
Call our local member experience team at 800-769-3186.
Use Chrome, Firefox, Edge or Safari browsers for the best portal experience.

Contrast

Log In

Create an Account

Froedtert Thedacare Health Inc Login

Forgot Email (Member)

Forgot Password

Family Savings Plan Login

Step 2

Click Provider Information Form Icon


- Once you have entered your provider portal, click **Provider Information Form**

The screenshot shows the Network Health provider portal dashboard. The top left corner features the 'network health' logo. The top right corner has a navigation link for 'Eligibility and Benefits'. The main content area is divided into two sections. On the left, there is a grid of six icons, each with a corresponding label: 'Gastroenterology Tip Sheet' (green stomach icon), 'Medicare Benefits at a Glance' (orange person icon), 'EDI Claim Rejection Report' (blue document icon), 'Master Authorization List' (green pin icon), 'Provider Information Form' (red book icon, highlighted with a red border), and 'D-SNP Training Attestation' (blue document icon). On the right, there is a white text box with a background image of a desk with a pen and a cup. The text in the box reads: 'Welcome to your Network Health provider portal. Watch this area for frequently updated news, reminders and tips. To view member eligibility and benefits click on Eligibility and Benefits. Important: Make sure you are checking the EDI Claim Rejection Report by clicking on square to the left. Claims are not rejected through the clearinghouse. A new report is posted weekly.'

Step 3

Select the Form You Need to Access

- Select the form you need from the list shown.

Eligibility and Benefits

Provider/Facility Information Forms

Please select the form you need to access:

- **Facility Information**
This form is to be completed only when adding a new facility to an already existing Network Health contracted group.
- **Provider Information**
This form is to be completed only when adding a new provider to an already existing Network Health contracted group.
- **Provider Termination**
This form is to be completed only when supplying termination information of a provider/facility/location from an already existing Network Health contracted group.

Step 4

Complete All Required Fields

- Complete all required fields.

Provider Information Form

This form can only be completed when you are requesting to add a provider/facility to an already existing contract signed with Network Health. This is a pre-application request to be credentialed not a credentialing application. Upon receipt, the credentialing department will send a credentialing application to the specified email recipient supplied on the form.

All fields below - except Fax - are required.

Provider Information

Provider First Name

Provider Middle Initial

Provider Last Name

Gender

Male Female

Degree

Accepting new patients?

Yes No

Date of Birth

Languages Spoken

Participate in CAQH

Yes No

Wisconsin License #

NPI #

Federal TIN #

Locum Tenens

No Yes, End Date:

Telemedicine Provided

Yes No

Primary Specialty

Secondary Specialty

Additional fields follow.

Step 5

Submit Request

- When finished, scroll to the bottom and click on the orange **Submit** button.

Requestor Details

Requestor Name Brenda Hardy	Requestor Title
Requestor Phone Number Format: (xxx) xxx-xxxx	Requestor Email bhardy@advancedptsm.com

*Upon receipt of your request above, our credentialing department will supply a credentialing packet to the email specified on the above request within 2 business days of receipt of your request.

Submit Provider Information Form

- A green message box will appear to confirm your submission was successful.

This form can only be completed when you are requesting to add a provider/facility to an already existing contract signed with Network Health. This is a pre-application request to be credentialled not a credentialing application. Upon receipt, the credentialing department will send a credentialing application to the specified email recipient supplied on the form.

All fields below - except Fax - are required.

Thank you - your form submission was successful.

Provider Information

Provider First Name 	Provider Middle Initial 	Provider Last Name
Gender <input type="radio"/> Male <input type="radio"/> Female	Degree 	Accepting new patients? <input type="radio"/> Yes <input type="radio"/> No

Step 6

After Submission

- If credentialing is required
 - Credentialing packet emailed within 2 business days
 - Email comes from **@networkhealth.com**
 - Check spam or junk folder if not received
 - View Network Health's [Credentialing Process Policy](#)
(including a list of providers to which credentialing applies)

Important note:

The Provider Information/Facility forms are not credentialing applications and are not accepted by our credentialing team.

Step 6

After Submission

- If credentialing does not apply
 - Allow 7-10 business days for the provider to be added to the group contract
 - Check provider status at: <https://networkhealth.com/find-a-doctor/>

Provider portal demonstrations and assistance navigating networkhealth.com is available. Please contact your provider operations manager with questions.