

Moda Health medical provider nomination request

To nominate your provider, please fill out the Member Information section below. Once completed, return this form to your provider's office, and let them know you would like them to initiate a network participation request with Moda Health.

New provider participation is contingent on credentialing approval, network needs, state and federal regulations, and other factors.

If your provider would like to initiate a network participation request, have them visit www.modahealth.com/medical/contracting/overview.shtml and submit a new contract request via the web, mail, or fax.

Once your provider's application has been reviewed, a Moda Health Contract Negotiator will contact them to initiate a participation agreement within **14 business days**.

Please note: Not all nominated providers will be eligible for participation, and/or not all will choose to participate with any or all Moda Health networks.

Member Information

Date (MM/DD/YYYY)

Member name

Member phone

Member email

Employer group name

Provider name

Which network do you belong to?

Reason for request

Additional considerations