



Letter of Intent

Yes, I/we do want to participate in the plans listed below:

- Prominence HealthFirst HMO
- Prominence HealthFirst HMO Medicare Advantage
- Prominence Preferred Health Care Network PPO (PHCN) and Prominence Health Choice PPO
- Universal Health Network (UHN)
- Nevada Preferred Professionals (NPP)
- Northern Nevada (only)
- Northern Nevada (only)
- Northern Nevada Southern Nevada
- Northern Nevada Southern Nevada
- Northern Nevada Southern Nevada

Date: _____

Provider/Practitioner Name (Please Print): _____ NPI#: _____

Specialty: _____ Second Specialty: _____

Board Certified: Yes No If "Yes", what specialty?: _____

Provider/Practitioner email: _____ CAQH# _____

Tax Identification Number: _____ Group NPI# (if applicable): _____

Name of Hospital(s) where privileged (if applicable): _____

Name of Group (if applicable): _____

Physical Address: _____

Phone: () _____ Fax: () _____

Second Address: _____

Phone: () _____ Fax: () _____

Mailing Address (if different from above): _____

Phone: () _____ Fax: () _____

Remittance Address (if different from above): _____

Contact Name & Title: _____ **Phone:** _____

Contact email: _____

A completed W-9 (Tax Identification Form) MUST be attached.



Please email the completed form with W-9 to PHP-Contracting@uhsinc.com or fax to 775.770.9009