



Preferred Provider Organization (PPO) Physician / 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 or accept an invitation to join our PPO.

Date _____

Physician / Provider Information:

Physician / Provider Name _____

Physician / Provider Address _____

Phone Number _____

Physician / Provider Specialty _____

Patient Requesting Provider be Added:

Patient Name _____ Ph: _____

Insured's Name _____ Ph: _____

Insured's Employer's Name _____

PLEASE MAIL OR FAX THE COMPLETED FORM TO:

Nevada Preferred Healthcare Providers
ATTN: Provider Relations
PO Box 30007
Reno, Nevada 89520-3007

FAX: 775.352.2475

If you should have any questions, please contact:

Northern Nevada Provider Relations Representative 800.776.6959

Southern Nevada Provider Relations Representative 702.360.9044