



Network Participation Request Form

I: ORGANIZATION / PRACTICE & CONTACT INFORMATION		
Legal Business Name		
Federal Tax ID Number	Organization (Type 2) NPI Number	
Form Submitted By (Name/Title)		
Street Address		
City	State	Zip Code
Phone Number (with Area Code)	Fax Number (with Area Code)	
E-mail	Date Submitted	

II: GENERAL INFORMATION

1. Please provide a summary of your practice specialty and/or services that you wish to offer members. What makes your practice unique from other practices in your market?

2. Are you an employee or an affiliate of a large provider system or an independent physician association (IPA)?

Yes
 No

If 'Yes', please list all that apply:

3. Please list your hospital affiliations, if applicable:

Hospital Name
Hospital Name
Hospital Name

4. **Facilities only (i.e., hospitals, ambulatory surgical centers, skilled nursing facilities):** Do you employ any practitioners and bill for their services?

Yes No

If 'Yes', please see next steps in Section 4.

III: SERVICE LOCATION INFORMATION		
Primary Service Location		
Location or Clinic Name		
Address		
City	State	Zip Code
Phone Number for Appointments (with Area Code)	Fax Number (with Area Code)	
E-mail		

IV: PRACTITIONER INFORMATION

1. Please attach your roster which provides information for all practitioners billing under this tax ID.

I certify that the above information is true, and the enclosed material is correct and unaltered. I authorize the release of any information.

Date	Phone Number	Signature
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Email Completed Form to: providerinfo@commongroundhealthcare.org

If your organization is already contracted for network participation, you do not need to complete a Network Participation Request Form.

Completion of this request does not guarantee your network participation. However, if you receive an invitation to join our network, completion of this form will ensure that the correct agreement is sent for your review and signature.

Your participation request will be reviewed by the Network Strategy Committee. A response will generally be provided within 60 days of receipt of your request.