



# CALIFORNIA PHYSICIAN NETWORK PARTICIPATION REQUEST FORM

## Application Instructions to Physicians / Licensed Health Care Professionals:

- Please note that completion of the nomination form and/or credentialing application does not guarantee acceptance in the Health Net provider network.
- Your nomination will be reviewed and a response will normally be mailed within two weeks.
- Health Net will review your request to ensure you meet initial participation criteria, including maintaining admitting privileges at a Health Net network hospital.
- Please type or print legibly. Incomplete forms will not be considered.
- Application processing and provider credentialing may take 90 to 120 days after a Participating Provider Agreement has been signed and all required information has been received.
- Health Net participates with the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource, which can simplify your application process. If you participate with CAQH, please indicate your ID # below. If you do not participate, a Health Net representative will assist you during the contracting process. For more information, and a demonstration, visit [www.caqh.org](http://www.caqh.org).

## Adding a Physician / Provider to an Existing Health Net Contract:

If you are a Health Net contracted group practice seeking to add a physician/provider to your existing agreement, please check the box below and supply the requested information regarding the individual.

- We are a practice group that is currently contracted with Health Net, and are seeking to add the following physician/provider to our existing group agreement.

PHYSICIAN / PROVIDER INFORMATION				
First Name: <b>Letizia</b>	MI: <b>S</b>	Last Name: <b>Hendrickson</b>	Suffix:	Degree:
Address: <small>STREET:</small> <b>18631 Sherman Way Suite D</b>		<small>SUITE:</small>		
<small>CITY:</small> <b>Reseda ,</b>		<small>STATE:</small> <b>CA,</b>	<small>ZIP CODE:</small> <b>91335</b>	
Telephone #: <b>(818)-399-9199</b>	Fax #: <b>818-343-4713</b>			
NPI #: <b>1972107779</b>	Date of Birth: <b>10 / 15 / 1973</b>	Applying As: <input type="checkbox"/> PCP <input checked="" type="checkbox"/> Specialist <input type="checkbox"/> Both		
Medical Specialties:			License #:	
<input type="checkbox"/> I am a solo practitioner billing under an individual Tax ID Number. <input checked="" type="checkbox"/> We are a group practice with multiple providers billing under a single Tax ID number. (Please attach a roster.)				
Tax ID #: <b>47-1124169</b>	Medical Group Name: <b>Learning Grove Speech Language Pathology, Inc</b>			
CAQH Provider ID: <small>IF APPLICABLE - SEE INSTRUCTIONS ABOVE</small> <b>16029231</b>				
Please list your Hospital Affiliations (or Covering Physicians): <b>N/A</b>				
Person to contact regarding this request: <b>Vanessa Bryant / Credentialing Assistant Manager</b>				
Contact Phone #: <b>737-946-7837</b>	Contact Email: <b>vanessa@amromed.com</b>			

**PLEASE RETURN THIS FORM AND A W-9 TO:**

**FAX: (877) 750-8982**

-or- Email: [DNMCU@healthnet.com](mailto:DNMCU@healthnet.com)

-or- Mail: Health Net of California, Inc.

Direct Network Contracting

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