## New provider network participation request

Thank you for your interest in joining our select provider network. This page has everything you need to submit your request to become a participating provider with Moda Health.

Upon completing the form, below, your information will be reviewed for contracting consideration. You will be contacted by one of our contract specialists within 14 business days of your submission.

## **Credentialing requirements**

Contracting is contingent on credentialing approval through Moda, or by a delegated credentialing entity. A credentialing application can be found <a href="https://example.com/here">here</a>. You do not need to fill out the credentialing application until your submission has been reviewed. To learn more about credentialing, please visit our <a href="https://example.com/credentialing">Credentialing</a>, please visit our <a href="https://example.com/credentialing">Credentialing</a> <a href="https://example.com/credentialing</a> <a href="https://example.com/credentialing</a> <a href="https://example.com/credentialing</a> <a href="https://example.com/credentialing</a> <a href="https://

To get the new participation process started, fill out the short form below. Then, tell us a little about yourself so we can get to know you and your practice better.

Provider network participation requests can be faxed to 503-243-3964 or mailed to:

Moda Health Attn: Contracting 601 SW 2nd Ave. Portland, OR 97204

For currently contracted providers, please contact your contract specialist for more information on joining additional lines of business and networks.

Date (MM/DD/YYYY)					
Office Contact name					
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Business name		Practice location name			
Practice Address		City	State	Zip	
Billing Address (if different from practice)		City	State	Zip	
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	_				
Phone Fax		Email			

Are you able to provide 24/7 coverage for

members?

you provide?

Yes No

What types of services do

Are you a certified Patient Centered Medical Home?

Yes No Are you able to provide pharmaceutical management to members with chronic conditions?

Yes

No

**Additional considerations** 





