

VALUEOPTIONS, INC.

PRACTITIONER NOMINATION WORKSHEET

PR Nomination Form Completed by: _____ Date: _____

A. BASIC PRACTITIONER INFORMATION:

MHS#: _____ Practitioner Name: _____

SS# _____ DOB _____ Licensure _____

Mailing Address _____

City/State/Zip _____

Phone: _____ Fax: _____ Email: _____

Initial Nomination Contract Addition Any Willing Provider State - MI, IL, AR

B. CREDENTIALING POINT OF CONTACT:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Unless otherwise indicated, application packet will be sent via email and then faxed (if email fails) prior to attempting USPS

Must be Mailed USPS:

C. LICENSURE, PROFESSIONAL LIABILITY INSURANCE AND EXPERIENCE:

- All – Licensed in state where practice is to occur?
 MD – completed 3-year psychiatry residency program?
 MD – Professional Liability Insurance \$1m per incident / \$3m per year?
 PhD, Master's and APN – completed 3 years post-licensure experience?
 PhD, Master's and APN *w/ prescriptive authority* - Professional Liability Insurance \$1m per incident / \$3 per year?
 PhD, Master's and APN *w/o prescriptive authority* - Professional Liability Insurance \$1m per incident / \$1 per year?

D. NETWORK(S) NOMINATED:

- | | |
|--|---|
| <input type="checkbox"/> 02 n/a ValueOptions Commercial Non-HMO | <input type="checkbox"/> 22 VMR GHI-BMP Medicare Advantage |
| <input type="checkbox"/> 02 n/a EAP Affiliate | <input type="checkbox"/> 23 CHS CHCS/IPA |
| <input type="checkbox"/> 02 BOE Boeing | <input type="checkbox"/> 23 HMO NY HMO (CHCS) |
| <input type="checkbox"/> 02 BPP Blue Preferred Plus – BCN | <input type="checkbox"/> 23 SCH CHCS Suffolk County Health |
| <input type="checkbox"/> 02 DIS Disability | <input type="checkbox"/> 23 VMR CHCS/IPA |
| <input type="checkbox"/> 02 EMP New York State Empire Plan | <input type="checkbox"/> 26 ARM Med PA (Armstrong) |
| <input type="checkbox"/> 02 FFD Fitness for Duty | <input type="checkbox"/> 26 BUT Med PA (Butler) |
| <input type="checkbox"/> 02 GFHP GHI Family Health Plan | <input type="checkbox"/> 26 BVR Med PA (Beaver) |
| <input type="checkbox"/> 02 HMO CO HMO | <input type="checkbox"/> 26 ECHC Med PA (Erie) |
| <input type="checkbox"/> 02 SAPT KS Medicaid Block Grant | <input type="checkbox"/> 26 FAY Med PA (Fayette) |
| <input type="checkbox"/> 02 SQL Square Lake | <input type="checkbox"/> 26 GRN Med PA (Green) |
| <input type="checkbox"/> 02 TVMD TennCare | <input type="checkbox"/> 26 IND Med PA (Indiana) |
| <input type="checkbox"/> 02 VAD Vaden | <input type="checkbox"/> 26 LAW Med PA (Lawrence) |
| <input type="checkbox"/> 02 VMD KS Medicaid | <input type="checkbox"/> 26 NCPA Med PA (Cambria) |
| <input type="checkbox"/> 02 VMR VO Commercial Medicare Advantage | <input type="checkbox"/> 26 PACV Med PA (Crawford, Mercer, Venango) |
| <input type="checkbox"/> 02 VOC VO of California | <input type="checkbox"/> 26 WAS Med PA (Washington) |
| <input type="checkbox"/> 02 VOC VOC EAP Affiliate | <input type="checkbox"/> 26 WES Med PA (Westmoreland) |
| <input type="checkbox"/> 04 COM Colorado Health Network | <input type="checkbox"/> 37 n/a NM Medicaid |
| <input type="checkbox"/> 17 n/a VBH of Texas (Dallas Northstar) | <input type="checkbox"/> 42 VNS Visiting Nurse Service |
| <input type="checkbox"/> 18 n/a CA County | <input type="checkbox"/> 43 VIDS Vidacare – Foreign Network |
| <input type="checkbox"/> 22 n/a GHI-BMP Group Health Inc | <input type="checkbox"/> 43 VMD Vidacare – Medicaid |