



## Nominate Your Provider to MultiPlan's Networks

### Ask your provider to join the *right* PPO network

Almost 700,000 total providers including acute care hospitals, ancillary care facilities and healthcare practitioners participate in the MultiPlan and PHCS Networks. In fact, the PHCS Network is the largest proprietary PPO network in the country. Even with our impressive size, we realize that a specific provider from whom you want to receive care may not participate in our networks. That's why we've made it easy for you to nominate a doctor, hospital or medical group for participation.

Simply visit [www.multiplan.com/kaiser](http://www.multiplan.com/kaiser), click on Home in the menu on the top right of the screen, choose Patients and then click on "Nominate a Provider" to access MultiPlan's online provider nomination system.

It's easy to use. You supply basic information about the provider, MultiPlan contacts all nominated providers to gauge their interest in joining their networks and then MultiPlan mails an application to all interested providers.

That's all there is to it.

You can check the status of your nomination anytime using three different criteria: the tracking number you receive when you submit the nomination, the provider's name and state, or your email address.

If a provider you want to see isn't already a part of the PHCS or MultiPlan Networks, we encourage you to visit [www.multiplan.com/kaiser](http://www.multiplan.com/kaiser) today and submit an online nomination.

Please note that all providers, regardless of how they are nominated, must meet MultiPlan's requirements for participation in our networks.

**Nominate your provider to the nation's largest independently contracted national PPO networks.**

I am nominating: \* - required field

An individual practitioner such as a doctor or other healthcare professional  
 A group of practitioners  
 A facility such as a hospital or lab

**Provider Information:**  
Please note that including the middle initial will help us find the provider faster.

Provider's First Name\*:       Provider's Middle Initial:   
 Provider's Last Name\*:       Provider's Suffix:

Group / Facility / Practice Name:

Provider's Gender:  Male  Female

Provider's Email:  2

Provider's Phone\*:  Ext:

NPI #:  2

**Primary Service Address:**

Firm Name:  2      Attention:  2

Address Line 1\*:

Address Line 2:

City\*:       State\*:       Zip Code\*:

Does the Provider have a separate mailing address?  Yes  No / Don't know

**By Tracking Number**

Tracking Number:

**By Provider**

First Name:

Last Name:

State:

**By Nominator's Email Address**

Email:

[Continue >](#)

With MultiPlan's online provider nomination system, you can:

- Nominate a provider to MultiPlan's network 24 hours a day, 7 days a week
- Check the status of your nomination anytime
- Receive notification of the final outcome of your request