



PROVIDER NOMINATION FORM

Dear Medical Professional:

You have obviously worked hard to foster solid relationships with your patients—relationships built on trust and respect. As a result, you are being asked by the patient named below to become a participating provider with PacificSource Health Plans.

PacificSource is a not-for-profit health insurance company that has served the working men and women of Oregon since 1933. Becoming a participating provider will offer you many benefits, some of which include:

- Excellent customer service
- Direct and prompt payment for services rendered
- Listings in our printed and electronic participating provider directories
- Access to a large and growing patient population

You can find out more about us by visiting our Web site (www.pacificsource.com) or contacting our Provider Network Department (e-mail providernet@pacificsource.com; phone (800) 624-6052). If you'd like, we'll be happy to contact you about becoming a participating provider. Please complete the form below and return it to PacificSource, and a representative will contact you personally.

To be completed by the patient:

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

To be completed by the healthcare provider:

Yes, I would like more information on becoming a PacificSource participating provider.

Provider Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Office Manager: _____

Specialty(s): _____ Signature: _____

Please return this form to PacificSource Health Plans, Attn: Provider Network, PO Box 7068, Eugene, OR 97401-0068, fax (541) 684-5559.

To nominate your provider for participation in the PacificSource network

If your healthcare provider is not currently a PacificSource participating provider, you can use this form to nominate your provider for participation in our network.

First, complete the patient information section on the inside. Then send the form on to your healthcare provider, or drop it off at your next visit.

If your provider is interested in joining the PacificSource network, he or she should complete the form and return it to PacificSource. We'll then follow up directly with your provider.

Thanks for helping us better serve you!

Three easy ways to find participating provider information:

- **On our Web site.** Go to www.pacificsource.com, click on "Provider Directory," and you're on your way.
- **By mail.** Included with your benefit materials is a postcard for requesting provider directories. Simply fill out the postage-paid card, drop it in the mail, and we'll mail you a customized directory.
- **By phone.** Just call our Marketing Department at (877) 657-9797 and request a provider directory.



PacificSource
HEALTH PLANS

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