

Provider Nomination Form

Nominate Your Provider for Participation in the PacificSource Network

We understand that you've built a trusting relationship with your doctor, but did you know you can maximize your PacificSource health plan coverage by using participating providers? They are reimbursed at a higher percentage than nonparticipating providers. Participating providers accept benefits paid under the policy as full payment, and will not bill you for the balance (other than for deductibles, coinsurance, or copayments).

Three Easy Ways to Find Participating Provider Information:

- **On our website.**
Go to PacificSource.com, click Find a Provider, and you're on your way.
- **By mail.**
Included with your benefit materials is a provider directory request form. Simply fill out the request form, drop it in the mail, and once received, we'll mail you a customized directory within a few days.

- **By phone.**
Just call our Customer Service Department at (888) 977-9299 and request a provider directory.

What if you don't want to change doctors?

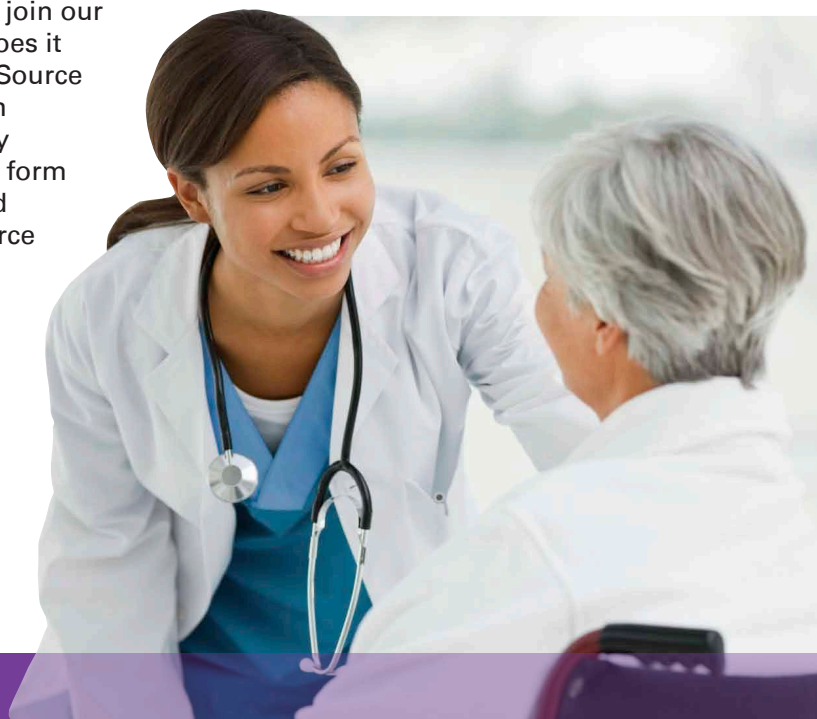
Simply nominate your provider for participation in the PacificSource network. Here's how:

- First, complete the patient information section on the other side of this flier. 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.

Please note that completion and submission of this form does not guarantee the provider nominated will join our network, nor does it commit PacificSource to contract with the provider. By submitting this form it is understood that PacificSource may use your employer's

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

nomination form on reverse



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name and/or your name (if applicable) in contacting the nominated provider and/or relaying your desire for PacificSource participation to the provider. Please allow four to six weeks for the nomination to be reviewed. If you have any questions about the status of the nomination, please contact your provider directly.

Thanks for helping us better serve you!

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 at right to become a participating provider with PacificSource Health Plans.

PacificSource is a not-for-profit health insurance company that has served the Northwest 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
- Listing in our online participating provider directory
- Access to a large and growing patient population

You can find out more about us by visiting PacificSource.com or contacting our Provider Network Department by phone at (541) 684-5580 or toll-free at (800) 624-6052, ext. 2580, or by email at providernet@pacificsource.com.

If you'd like, we'll be happy to contact you about becoming a participating provider. Please complete this form below and return it to PacificSource, and a representative will contact you personally.

PROVIDER NOMINATION FORM		
To be completed by the patient:		
Patient name:		
Address:		
City:	State:	Zip:
Employer:		
To be completed by the healthcare provider:		
<input type="checkbox"/> Yes, I would like more information on becoming a PacificSource participating provider.		
Provider name:		
Office address:		
City:	State:	Zip:
Phone:		
Office manager:		
Specialties:		
Signature:		

Please return this form to PacificSource Health Plans, Attn: Provider Network, PO Box 7068, Eugene, OR 97401-0068. Or you can fax it to: (541) 225-3643.

If you have questions, you are welcome to contact our Provider Network Department at 800.624.6052 or email providernet@pacificsource.com.



Direct: 541.684.5582
Toll Free: 888.977.9299

PacificSource.com