

Provider Nomination Form

Nominate Your Provider for Participation in our PacificSource (PSN), Prime, SmartHealth, or SmartChoice Networks

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 Doctor, and you're on your way.
- **By phone.**
Just call our Customer Service Department and request a provider directory.
Idaho: (800) 688-5008
Montana: (877) 590-1596
Oregon: (888) 977-9299

What if you don't want to change doctors?

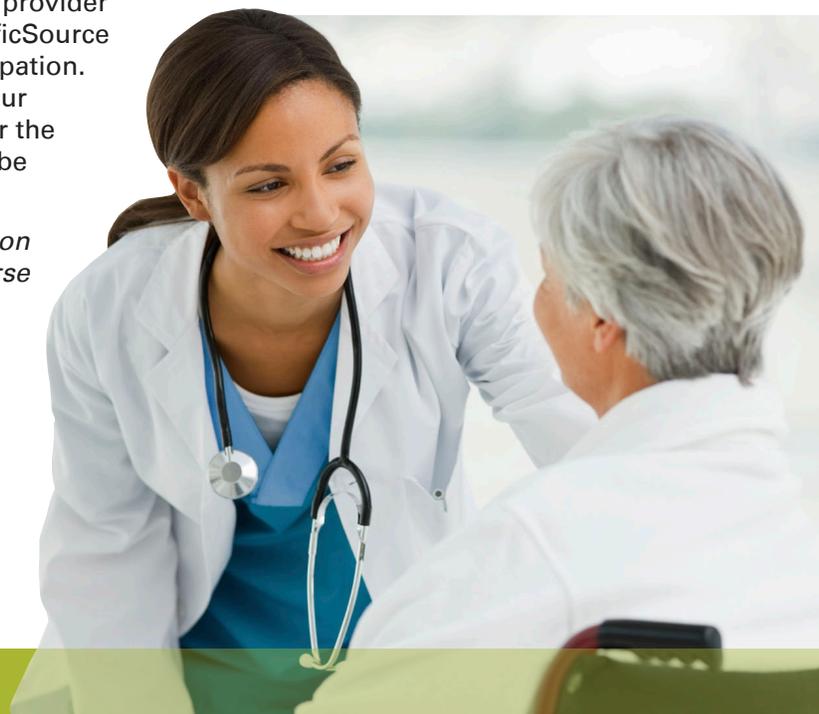
Simply nominate your provider for participation in the network. Here's how:

- 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 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 you are giving permission to PacificSource to use your name and your employer's name (if applicable) in contacting the nominated provider regarding PacificSource network participation. Please allow four to six weeks for the nomination to be reviewed.

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You can use the form on the back of this flier to nominate your provider for participation in one of our networks.



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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 emailing our Provider Contracting Department at providercontracting@pacificsource.com.

PROVIDER NOMINATION FORM		
Please use this form for the following networks: PacificSource (PSN), SmartHealth, SmartChoice, and Prime. For other network nomination forms, please visit PacificSource.com/ find-a-provider .		
To be completed by the patient:		
Patient name:		
Address:		
City:	State:	Zip:
Employer:		
Provider network (from PacificSource member ID card):		
<input type="checkbox"/> PSN <input type="checkbox"/> SmartHealth <input type="checkbox"/> SmartChoice <input type="checkbox"/> Prime		
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:
Email:		
Phone:		
Tax ID:		
Office manager:		
Specialties:		

Please return this form to: PacificSource Health Plans,
 Attn: Provider Contracting, PO Box 7068, Springfield, OR 97475-0068
 Or fax: Idaho (208) 342-4508, Montana (406) 422-1010, Oregon (503) 697-1075
 Or email: providercontracting@pacificsource.com



If you have questions, you are welcome to contact our Provider Contracting Department at 800.624.6052, ext. 2580, or email providercontracting@pacificsource.com.

Idaho: 208.333.1596 or 800.688.5008
Montana: 406.442.6589 or 877.590.1596
Oregon: 541.684.5582 or 888.977.9299

PacificSource.com