

# Provider Nomination Form

## OneNet PPO and MAPSI Behavioral Health Network

*OneNet PPO welcomes the opportunity to work with participants and health care professionals in identifying physicians and other health care practitioners for inclusion in our networks.*

### Participants:

If you are currently seeing a physician or health professional who is not part of the OneNet PPO or MAPSI Behavioral Health Network, and you want to refer him or her for participation, please follow these steps:

- Tell your physician or health care practitioner that your employer group uses the OneNet PPO network.
- Let your physician or health care practitioner know that you would like him or her to join.
- If the physician or health care practitioner is interested and would like more information, fill in the participant portion of this form and give it to your physician or health care professional to complete and submit.

If you have any questions regarding the nomination process, please call OneNet Member Services at **1-800-342-3289**.

### Physicians & Health Care Practitioners:

If you are not currently part of the OneNet network, your OneNet patients may have greater out-of-pocket costs, as most health plans are structured to encourage use of in-network professionals. You may therefore want to consider joining the OneNet PPO or MAPSI Behavioral Health Network.\*

OneNet is a wholly owned subsidiary of United Healthcare Insurance Company, a part of UnitedHealth Group, Incorporated. Our selection criteria includes, but is not limited to, the following:

- Established need by region or specialty
- State license (unrestricted)
- Work history
- Verification of Credentials
- 24-hour office coverage
- Office survey
- Professional liability insurance (\$1 million to \$3 million required)

For more information on joining, please call OneNet Professional Services at **1-800-342-6141**.

*\* Acceptance is subject to credentialing approval and current network needs.*

*If you are interested in joining the OneNet PPO Network or MAPSI Behavioral Health Care Network, please complete, detach, and mail this form to the address listed. For more information, call OneNet's Professional Services department at **1-800-342-6141**.*

**Mail Completed Form To:**  
OneNet PPO  
Attn: Account Management  
800 King Farm Boulevard, 6th Floor  
Rockville, MD 20850

Name of Participant Who Provided this Form: \_\_\_\_\_

Participant's Group Name: \_\_\_\_\_ Participant's Payer Name: \_\_\_\_\_

Physician / Health Care Professional Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Specialty: \_\_\_\_\_