



# Provider Nomination Form

## Nominate your doctor to be in the network

We understand you've built a trusting relationship with your doctor, but did you know you can maximize your coverage by using doctors who are in your plan's network? In-network doctors are reimbursed at a higher percentage than nonparticipating providers. They also won't bill you for the balance (other than for deductibles, coinsurance, or copayments).

## Two easy ways to find an in-network doctor



**On our website:** Go to **PacificSource.com**, click Find a Doctor, and you're on your way.



**By phone:** Just call our customer service team and request a provider directory.

**Idaho: (800) 688-5008**  
**Montana: (877) 590-1596**  
**Oregon: (888) 977-9299**  
**Washington: (866) 556-1224**

## Steps to get your doctor into a PacificSource network

- First, complete the patient information section on the other side of this flier. Then send the form to your doctor, or drop it off at your next visit.
- If your doctor is interested in joining the network, they should complete the form and return it to PacificSource. We'll then follow up directly with your doctor.

Please note that completion and submission of this form does not guarantee your doctor will join our network, nor does it commit PacificSource to contract with the doctor. 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 doctor. 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 doctor directly.

Thank you for helping us better serve you!

Continued >

**Want your doctor to be part of a PacificSource network? Let us know by submitting the form on back.**

### Email

cs@pacificsource.com

### Phone

#### Toll-free

(888) 977-9299

**TTY** (800) 735-2900

### En Español

**Directo** (541) 684-5456

**Sin costo** (866) 281-1464  
ext. 1009

**PacificSource.com**



## Are you a provider?

We love partnering with providers recommended by their patients. If you're a healthcare professional who values patient engagement, we want to hear from you!

PacificSource is more than a health insurance carrier. We're a not-for-profit family of companies serving more than 500,000 members across Idaho, Montana, Oregon, and Washington. Founded in 1933, PacificSource offers group health plans for employers of all sizes, as well as plans for individuals and families. Our mission is to help create better access to quality care to the people and communities we serve.

## What can you expect as a participating provider?

- Excellent provider service
- Direct and prompt payment
- Your listing in our searchable online provider directory
- Access to large and growing patient populations

**Questions?** Contact our provider contracting team at **(800) 624-6052 ext. 2580**.

## Provider Nomination Form

### To be completed by the patient:

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer \_\_\_\_\_

Provider Network (From PacificSource member ID card):

Voyager    Navigator    Pathfinder    SmartChoice    SmartAlliance

### 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 \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Tax ID \_\_\_\_\_

Office Manager \_\_\_\_\_

Specialties \_\_\_\_\_

This completed form can be submitted by the provider or patient.

#### By mail:

**PacificSource Health Plans**  
**Attn: Provider Contracting**  
**PO Box 7068**  
**Springfield, OR 97475-0068**

#### By email:

**IDcontracting@pacificsource.com**  
**MTcontracting@pacificsource.com**  
**ORcontracting@pacificsource.com**  
**WAcontracting@pacificsource.com**

