



## Network Option Form For Tennessee Providers

Instructions: Please select IN or Out for each network  
**One form per provider**

|   | OPT IN                   | OPT OUT                  |
|---|--------------------------|--------------------------|
| Alliant Health Plan/Health One Alliance             | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambetter of TN<br>(Through Peach State Health Plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| First Health Network                                | <input type="checkbox"/> | <input type="checkbox"/> |
| MultiPlan Auto                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| MultiPlan/PHCS                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Prime Health Services                               | <input type="checkbox"/> | <input type="checkbox"/> |

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Print Provider's Name: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Tax Id (s) *effected*: \_\_\_\_\_ (as on claims)

Provider's Individual NPI \_\_\_\_\_

Please fax completed form to 678-990-1124 or email to [Credentialing@ActivHealthCare.com](mailto:Credentialing@ActivHealthCare.com)