



Network Option Form For South Carolina Providers

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

| | OPT IN | OPT OUT |
|---|--------------------------|--------------------------|
| Ambetter (only) (Absolute Total Care product) | <input type="checkbox"/> | <input type="checkbox"/> |
| Claritev, fka MultiPlan Auto | <input type="checkbox"/> | <input type="checkbox"/> |
| Claritev, fka MultiPlan / PHCS / Beech Street | <input type="checkbox"/> | <input type="checkbox"/> |
| Clover Health – Medicare Advantage | <input type="checkbox"/> | <input type="checkbox"/> |
| First Health Network | <input type="checkbox"/> | <input type="checkbox"/> |
| Memorial Health Partners | <input type="checkbox"/> | <input type="checkbox"/> |
| Prime Health Services | <input type="checkbox"/> | <input type="checkbox"/> |

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