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)	☐	☐
Claritev, fka MultiPlan Auto	☐	☐
Claritev, fka MultiPlan / PHCS / Beech Street	☐	☐
Clear Spring Health Plan – Medicare Advantage	☐	☐
Clover Health – Medicare Advantage	☐	☐
First Health Network	☐	☐
Memorial Health Partners	☐	☐
Prime Health Services	☐	☐

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