



Network Option Form For North Carolina Providers

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

| | OPT IN | OPT OUT |
|-----------------------|--------------------------|--------------------------|
| Ambetter (only) | <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"/> |

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 Credentiaing@ActivHealthCare.com