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) from Absolute Total Care (Does not include Allwell or Medicaid products)	☐	☐
Clover Health Plan	☐	☐
Memorial Health Partners	☐	☐
Multi*Plan*/PHCS	☐	☐
Multi*Plan* Auto	☐	☐
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