



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 (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"/>

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