



## 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"/>
MultiPlan/PHCS	<input type="checkbox"/>	<input type="checkbox"/>
MultiPlan Auto	<input type="checkbox"/>	<input type="checkbox"/>
Prime Health Services	<input type="checkbox"/>	<input type="checkbox"/>

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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](mailto:Credentialing@ActivHealthCare.com)