



## Request for Network Participation

Date \_\_\_\_\_

**Note: UniCare and HealthLink directly contracted networks are available only in the regions listed below.  
Completion of this form does not guarantee acceptance as a network provider.**

Network	Illinois UniCare HMO/PPO	HealthLink PPO	Mid-Atlantic UniCare PPO
<b>Fax Number</b>	312-234-7430	<b>MO and IL</b> counties of Madison, Monroe, St. Clair 314-923-4919 <b>Central/Southern IL, AR</b> 314-925-6630	703-914-1573

### PROVIDER INFORMATION

(Provider Must Have Admitting Privileges at a Network Hospital)

Medical Practice/Facility Name		Provider Contact Name		NPI #
Last Name		First Name	MI	Date of Birth
Address		City		State and Zip
Phone #	Fax #	Tax Identification #		License #
CAQH ID #	Email Address	Specialty	Hospital Affiliation(s)	

### REQUESTOR INFORMATION

Last Name		First Name	MI
<input type="checkbox"/> Member		<input type="checkbox"/> Client	<input type="checkbox"/> Other

#### Internal Use Only

<input type="checkbox"/> Application/Contract will be sent to provider	<input type="checkbox"/> Provider not interested
<input type="checkbox"/> Provider not on active staff at a contracted hospital	<input type="checkbox"/> Other

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do NOT  
 send to the IRS.**

Name (If a joint account or you changed your name, see **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box:  Individual/Sole proprietor:  Corporation:  Partnership:  Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

### Part I Taxpayer Identification Number (TIN)

List account number(s) here (optional)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2.

For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

-	-	-	-	-	-	-	-
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OR

Employer identification number

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**Part** For payees Exempt From Backup Withholding (See the instructions on page 2.)

### Part Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions.**—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

**Sign  
 Here**

Signature ▶

Date ▶