



Request for Network Participation

Date _____

Note: UniCare and HealthLink 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	Texas UniCare HMO/PPO
Fax Number	312-234-7430	MO and IL counties of Madison, Monroe, St. Clair 314-923-4919 Central/Southern IL, AR 877-284-0101 ext 6630	703-914-1573 Shennetter Maynard	Houston (zip codes 77000 – 78999) 713-479-4288 Plano (zip codes 75000 – 76200) 972-599-6373

PROVIDER INFORMATION (Provider Must Have Admitting Privileges at a Network Hospital)

Medical Practice/Facility Name	Provider Contact Name	NPI #
Last Name	First Name	Middle Initial
Address	City	State and Zip
Phone #	Fax #	Tax Identification #
License Number	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