



Physician Nomination Form

Your Relationship with Your Doctor Is Important

We understand the importance of having confidence in your doctor. You've built a trusting relationship and you want to keep it. Yet you can save a lot by using a doctor who participates in the Coventry Health Care National Network. That's why we make it easy for you to nominate him or her to join.

To find out if your physician already participates in the network, call the toll-free number listed on your ID card or search our electronic directory at www.mycoventryhealth.com. Have your Login ID handy.

It's Easy to Nominate Your Doctor

This is all you need to do: Simply fill out the patient section on the back and send this entire sheet to your doctor. You may want to attach an addressed envelope.

Here's what your doctor will need to do: He or she should complete the physician portion and mail this form to:

Coventry Health Care
Attention: Nominations Department
750 Riverpoint Drive
West Sacramento, CA 95605

Or fax to:
916-374-3648

We'll take over from there...

1. We'll contact your doctor to discuss participation in the network. If interested, we'll send him or her an application.
2. Once we receive the completed application, we'll call your doctor to discuss our criteria for joining our network, and gather any additional information we need.

Due to the number of steps involved, the physician nomination process may take up to three to six months to complete. If you have questions, please call us at the toll-free number listed on your ID card.

Message to Physicians

You have obviously worked hard to foster relationships with your patients. As a result, you are being asked by your patient to join the Coventry Health Care National Network. To join, a physician must:

- have privileges at a hospital participating in the network
- be board certified, if a specialist
- complete an application

- satisfy Coventry Health Care credentialing review requirements
- sign a participating physician agreement.

Simply mail or fax your completed form to us. Your patient will be glad you did. If you have any questions, please call Provider Services at 800-937-6824.

To Be Completed by the Patient

Patient's First Name:

Last Name:

Employer:
(As shown on your ID card)

City:

State: ZIP: Phone #: - -

To Be Completed and Sent by the Physician

Yes, I would like information on joining the Coventry Health Care National Network.

Physician's First Name:

Last Name:

Office Address:

Ste #: City:

State: ZIP: Phone #: - -

Degree (MD, DO, etc.): Specialty(s):

Contact Name:

Contact Phone #: - -

Federal Tax ID:

Mail to: Coventry Health Care, Attention: Nominations Dept., 750 Riverpoint Drive, West Sacramento, CA 95605
or fax to the attention of the Coventry Health Care Nominations Department at 916-374-3648.