



Johns Hopkins HealthCare LLC
 Attn: Provider Relations 7231
 Parkway Drive, Suite 100
 Hanover, MD 21076

Request to Join Network Form

FAX: 410-424-4604

Questions? Call Provider Relations at 1-888-895-4998

Thank you for your recent request to join Johns Hopkins HealthCare LLC, administering Employer Health Programs (EHP), US Family Health Plan (USFHP), Priority Partners MCO, and AdvantageMD.

Complete this form with all current information. Send completed form along with your **W9** to Provider Relations via fax at 410-424-4604. Once the information is received, your request will be evaluated according to current network adequacy and access needs. **IMPORTANT NOTE: You are not in network with our plans until you have completed the credentialing process and received executed contracts back from Johns Hopkins HealthCare LLC.** If you should have any questions, please feel free to contact Provider Relations at 1-888-895-4998.

Thank you for your interest in participating with Johns Hopkins HealthCare LLC.

PRODUCT Requesting Participation with: <input type="checkbox"/> EHP <input type="checkbox"/> USFHP <input type="checkbox"/> PPMCO <input type="checkbox"/> AdvantageMD			
PRACTICE OR FACILITY INFORMATION:			
Practice/Facility Name:		Practice Email:	
Tax ID:		Type II NPI:	
Specialty:		Is this a Primary Care Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Board Certified in Specialty: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, are you actively seeking board certification?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY PRACTICE ADDRESS INFORMATION:			
Address:			
County:		Phone:	Fax:
Covered Service Area:		Services Provided (Home Health & DME providers):	
Comments:			
CONTACT INFORMATION			
Primary Contact Name:		Email <i>(if different from above):</i>	
Phone <i>(if different from above):</i>		Fax <i>(if different from above):</i>	
Signature:		Title:	Date: