Trillium Community Health Plan

Health Net

ANCILLARY PROVIDER REQUEST

PLEASE RETURN THIS FORM (S) AND A W-9 TO: NewProviderRequestBox@TrilliumCHP.com

Instructions to Physician/Provider:

- This form allows ancillary provider to request participation in our network(s)
- We will review your request to ensure you meet initial participation criteria; including maintaining admitting privileges at an in network hospital.
- We will review your request to ensure you meet current requirements for participation, as well as filling our network needs for your specialty. Please type or print legibly. Incomplete forms will not be reviewed. Email completed forms to address listed above
- Our intent is to respond to your request within 30 business days following receipt of completed forms.
- Please note that acceptance of a provider's request form does not guarantee acceptance into our Networks.

PROVIDER INFORMATION:	
PROVIDER NAME:	
ADDRESS:	
CITY:	**STATE:** **ZIP:**
TELEPHONE #:	**FAX #:**
EMAIL ADDRESS:	
NPI #:	**TAX ID #(s):**
ANCILLARY SPECIALTY(S)*:	**MEDICAID DMAP #:**
CONTACT NAME:	**PHONE:**
EMAIL:	**MEDICARE CERTIFIED:** ☐**Yes** ☐**No**
MULTIPLE LOCATIONS: ☐**Yes** ☐**No**	**SERVICE AREA:**
Please explain any details regarding your services, if you are a ***DME Vendor*** please fill out form attached. Please list your website address.	

***COVERED ANCILLARY SPECIALTIES:**

Ambulatory Surgery Center (ASC)
Dialysis Facilities
Durable Medical Equipment (DME)**
Home Health
Home Infusion
Hospice
Laboratory
Long Term Acute Care (LTAC)
Orthotics and Prosthetics (O&P)
Ostomy and Medical Supplies
Radiology/MRI/PET
Skilled Nursing Facilities (SNF)
Sleep Study Centers

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NEW DURABLE MEDICAL EQUIPMENT PROVIDER SERVICES AND SPECIALTY CHECKLIST

Thank you for your interest in joining our provider network to serve our members. The services and specialty checklist below will assist us in the contracting process, ensure your services are listed accurately in our directory and support DME referrals for members to our contracted network. **Please check all that apply:**

AMBULATORY ASSIST EQUIPMENT	DIABETIC EQUIPMENT	PERSONAL EQUIPMENT & SUPPLIES
☐Wheelchairs (Basic)	☐Infusion Pumps and supplies	☐OTC-Nutrition Drink ie: ENSURE
☐Power mobility devices (scooter, power wheelchairs)	☐Insulin pumps ☐Omni pods ☐Medtronics	Enteral Nutrition, Parenteral, etc, ☐Pediatric ☐Adult
☐Walkers/Canes/Crutches	☐Blood sugar monitors	☐Urological Supplies
BED AND BATHROOM EQUIPMENT	☐Blood sugar test strips	☐Ostomy Supplies
☐Hospital Beds	**RESPIRATORY EQUIPMENT**	☐Wigs
☐Bariatric Hospital Beds	☐Nebulizers	**ORTHOPEDIC BRACES, ORTHOTICS, ETC.**
☐Pressure-reducing beds, mattresses, and mattress overlays used to prevent bedsores.	☐Oxygen equipment and accessories	☐Head, Neck and Back Brace-Fitted
☐Patient Lifts	☐Portable Oxygen concentrators	☐Shoulder, Arm, Hand Brace-Fitted
☐Commode Chairs	☐Pulse Oximeters	☐Leg, Ankle, Foot Brace-Fitte4d
☐Traction Equipment	☐Ventilators	☐Custom Fitted Orthotics
☐Suction Pumps	☐Non-Invasive Ventilators	☐Prosthetics (Custom)
☐Continuous passive motion (CPM) machines	☐Sleep apnea devices and accessories (CPAP or Bi-PAP)	☐Other equipment/supplies please list: _____ _____ _____

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