



NETWORK PARTICIPATION REQUEST FORM

Trillium Community Health Plan contracts directly with Ancillary providers in the Trillium service area.

Instructions:

- This form allows ancillary providers to request participation in the Trillium Community Health Plan network.
- Trillium will review your request to ensure you meet initial participation criteria; including maintaining admitting privileges at a Trillium network hospital.
- Please complete the form and email it directly to Trillium at the email address below.
- Trillium will review your request to ensure you meet current requirements for participation, as well as filling network needs for your specialty. Trillium will respond to the request within 30 business days from date of receipt of this form.
- Please note that acceptance of a provider’s request form does not guarantee acceptance into the Trillium Provider Network.

PROVIDER INFORMATION:		
PROVIDER NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE #:	FAX #:	
EMAIL ADDRESS:		
NPI #:	TAX ID #(s):	
ANCILLARY SPECIALTY(S)*:		
CONTACT NAME:	PHONE:	
EMAIL:	MEDICARE CERTIFIED: Yes No	
MEDICAID DMAP #:		
MULTIPLE LOCATIONS: Yes No	SERVICE AREA:	
ADDITIONAL INFORMATION:		

RETURN THIS FORM WITH A W-9 TO: NewProviderRequestBox@TrilliumCHP.com

***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