



NETWORK PARTICIPATION REQUEST FORM

Trillium Community Health Plan contracts directly with physicians/providers/facilities in the Trillium service area.

Instructions to Physician/Provider:

- This form allows individual physicians or licensed healthcare professionals to request participation in the Trillium network.
- Trillium will review your request to ensure you meet initial participation criteria; including maintaining admitting privileges at a Trillium network hospital.
- Please type or print legibly. Incomplete forms will not be considered.
- A response to your request will generally be mailed within 30 business days of receipt of this form
- Please note that completion of the network participation form, credentialing application or CAQH application does not guarantee acceptance in the Trillium Community Health Plan provider network.
- Application processing and provider credentialing may take 90 to 120 days after receipt of all required information.

PROVIDER NAME:		Degree (MD,DO,etc.)	
ADDRESS:			
CITY:	STATE:	COUNTY:	ZIP:
PHONE:	FAX:	EMAIL:	
DOB:	GENDER:	State License #:	
Medicaid DMAP #:		DEA Certificate #:	
Are you registered with CAQH? Yes <input type="checkbox"/> No <input type="checkbox"/>		CAQH Provider ID (if known):	
Medical Specialty:	Applying as: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional		
<input type="checkbox"/> I am a solo practitioner billing under an individual tax ID			
<input type="checkbox"/> We are a group practice with multiple providers billing under a single tax ID number (If yes, please provide the medical group name below and attach a physician listing.)			
Tax Identification # (Attach copy of W-9):		NPI#:	
Medical Group Name:			
Please List Your Hospital Affiliations:			
Please List Covering Physicians:			

Correspondence/Credentialing Address

Person to contact:	Phone:	Email	
Address:			
City:	State:	County:	Zip:

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