



PROVIDER NOMINATION FORM HMO PLAN

I would like to nominate my Health Care Provider for inclusion in the Hometown Health HMO Provider Network. I understand that the nominated Provider must meet Hometown Health's credentialing standards for their medical specialty. Application review process may take up to 16 weeks from receipt of a completed application. Contact Hometown Health to confirm your nominated Provider has become part of the Hometown Health Network before seeking treatment.

Health Care Provider Request: Date Requested_____

Please print and complete all sections:

Name of Provider_____

Address_____

City_____State_____Zip_____County_____

Medical Specialty_____Phone_____

PLEASE RETURN COMPLETED FORM TO:

HOMETOWN HEALTH

Attention: Contracting

10315 Professional Circle

Reno, NV 89521

Fax: 775-982-3741