



Prime Healthcare

Nomination Form to Join the Prime Healthcare Network

Note: Attempt will be made to contract nominated provider to Tier 1, however nomination is not a guarantee that provider can be added to Tier 1 due to various factors and considerations.

Member's Information:

Name: _____

Prime Facility: _____

Phone: _____

Email: _____

Provider's Name: _____ Specialty _____

Group/Facility Name: _____

Address _____ City _____ St. _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Additional Comments - i.e., reason for request:

Providers requesting a contract for the Prime EHP Tier 1 network, please refer to our online website
<https://www.primehealthcare.com/About-Prime/Be-a-Part-of-Our-Health-Network.aspx>.

**Fax completed form to Prime Healthcare 909-235-4405 or
email to EHPprovidercontracts@primehealthcare.com**