

Summit Health medical provider nomination request



Section 1 > Nomination information

To nominate your provider, please fill out the Member Information section below. New provider participation is contingent on credentialing approval, network needs, state and federal regulations, and other factors.

If your provider would like to initiate a network participation request, have them visit YourSummitHealth.com/provider/work-with-us and submit a new contract request via the web, mail, or fax.

Ready to submit? Return this form to your provider's office, and let them know you would like them to initiate a network participation request with Summit Health.

Once your provider's application has been reviewed, a Summit Health Contract Negotiator will contact them to initiate a participation agreement within 30-60 business days.

Please note: Not all nominated providers will be eligible for participation, and/or not all will choose to participate with any or all Summit Health networks.

Section 2 > Member information

Name (first)	Name (M.I.)	Name (last)	Date (mm/dd/yyyy)
Phone		Email	
Employer group name			Which network do you belong to?
Reason for request			
Additional considerations			

Section 3 > Provider information

Name	Business name
Provider type	Address/location
Phone	Email

Questions? We're here to help. Contact the Summit Health Department toll-free at 855-801-2993 (TTY users, dial 711) or providerrelations@summithealth.com.

yoursummithealth.com