

# Frederick County Public Schools

## UnitedHealthcare Provider Nomination

If your physician is not currently a part of UnitedHealthcare's network of doctors and you would like them to be considered for the network, please follow these steps:

1. Complete this form and fax it to the number provided below.
2. After initial prescreening, the physician may be sent an application for network participation.
3. The application process is not immediately following receipt of your physician's information. Acceptance into the network is contingent upon successful completion of our credentialing process and provider acceptance of our contracts\*.
4. If you have any questions regarding the status of the application, please contact your physician directly.

\* Employees may nominate providers for participation in the network by submitting this nomination form to UnitedHealthcare. Nominations DO NOT guarantee that the provider will be added to the UnitedHealthcare network.



### **Your Information**

Your Name: \_\_\_\_\_

Please Circle to indicate whether you are an: Active Employee or Retiree.

### **Provider Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Is this provider a Primary Care Physician?      Yes      No

Is this a Vision Care Provider?      Yes      No

    If so, is he/she an Optometrist?      Yes      No

    If so, is he/she an Ophthalmologist?      Yes      No

    If so, is he/she an Optician?      Yes      No

Primary Specialty: \_\_\_\_\_

Secondary Specialty: \_\_\_\_\_

Practice or Group Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Fax this completed form to:**

**UnitedHealthcare**  
**Attn: Provider Nominations**  
**Fax: 410-379-3448**