



## PROVIDER NOMINATION FORM

Pine Crest has chosen to partner with the First Health provider network. If you do not see your provider on First Health, we will help you nominate this provider to become participating. Please take the time to let us know who they are and how to best contact them on your behalf. You may fax this form to (888) 918-0830 or email them to [support@insurancepal.net](mailto:support@insurancepal.net)

Clinic or Practice Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Specialty: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ (Optional)

Contact Person: \_\_\_\_\_ (Optional)

E-mail address: \_\_\_\_\_ (Optional)

- 1) Send this letter via fax to (888) 316-8572 or,
- 2) Send an e-mail to [support@insurancepal.net](mailto:support@insurancepal.net)
- 3) Or call us at (888) 918-0830
- 4) We also have an online chat at [www.insurancepal.net/pinecrest](http://www.insurancepal.net/pinecrest)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Your contact phone number

\_\_\_\_\_  
Patent Name (If different from employee)