



PO Box 12430
Albany, NY, 12212-2430
PHONE (877) RN BENEFITS [762-3633]
www.rnbenefits.org

Health Net Physician Nomination Form

Before completing this form, please check with your physician to determine if he or she is interested in joining the Health Net provider network

If the physician is interested in becoming a Health Net provider, please indicate the doctor's name, address, telephone number, and specialty below. If you have any questions on how to complete this form or on nominating a physician to the Health Net network, please call the Benefits Fund at (877) RN BENEFITS [762-3633]. Please send this completed form to:

Health Net
Network Development Department
399 Knollwood Road
White Plains, NY 10603

Physician _____

Address _____

Telephone _____ Specialty _____

Physician _____

Address _____

Telephone _____ Specialty _____

Physician _____

Address _____

Telephone _____ Specialty _____

Your Name _____ Address _____

Hospital _____ Social Security Number _____