



UnitedHealthcare Physician Nomination Form

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

If the physician is interested in becoming a UnitedHealthcare 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 UnitedHealthcare network, please call the Benefits Fund at (877) RN BENEFITS [762-3633]. Please send this completed form to:

NYSNA Benefits Fund
PO Box 12430
Albany, New York 12212-2430

Physician _____

Address _____

Telephone _____ Specialty _____

Physician _____

Address _____

Telephone _____ Specialty _____

Physician _____

Address _____

Telephone _____ Specialty _____

Your Name _____ Address _____

Hospital _____ Social Security Number _____