



### Provider Nomination Form

BlackStone, through their partner Rockport, will make every attempt to contract your providers of choice. In the event that a particular provider is not participating in the network, you may request our contracting this provider by submitting our Provider Nomination Form. The marketing of providers is a very structured process, therefore any information given to Rockport must be accurate.

Rockport's Network Development staff will contact these providers on your behalf and if they meet the required contracting and credentialing criteria, will be included in the network. Rockport's network development efforts are driven by your needs and requests. We appreciate your participation and involvement in our network development program.

If you have any questions regarding the status of your referral, please do not hesitate to contact Rockport's Network Development Team at 1-800-734-4460.

Name of person nominating provider: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Practice/Facility Name: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

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

Tax ID Number: \_\_\_\_\_

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

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

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

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

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_