

AFL-CIO Health & Welfare Plan

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: _____

Telephone number and/or e-mail address:

Provider Information

Last Name: _____

First Name: _____

Is this provider a Primary Care Physician? Yes No

Primary Specialty: _____

Secondary Specialty: _____

Is this provider a dentist or dental specialist? Yes No

If applicable, area of specialty: _____

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

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