



Network Option Form For Georgia Providers

Instructions: Please select IN or Out for each network - **One form per provider**

	OPT IN	OPT OUT
Alliant Health Plan / Health One Alliance	<input type="checkbox"/>	<input type="checkbox"/>
Ambetter - Peach State Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
CareSource – Marketplace and Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>
Clear Spring Health Plan – Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>
Clover Insurance Company – a Medicare Advantage Plan	<input type="checkbox"/>	<input type="checkbox"/>
First Health Network	<input type="checkbox"/>	<input type="checkbox"/>
Georgia Health Advantage – a Medicare Advantage Plan	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Health Partners	<input type="checkbox"/>	<input type="checkbox"/>
MultiPlan Auto	<input type="checkbox"/>	<input type="checkbox"/>
MultiPlan / PHCS	<input type="checkbox"/>	<input type="checkbox"/>
Prime Health Services	<input type="checkbox"/>	<input type="checkbox"/>
South GA Purchasing Alliance (SGPA)	<input type="checkbox"/>	<input type="checkbox"/>
WellCare – Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>

Print Provider's Name: _____

Provider's Signature: _____

Date: _____ Phone number: _____

Tax Id (s) effected: _____ (as on claims)

Provider's Individual NPI _____ Please fax completed form to 678-990-1124 or email to Credentialing@ActivHealthCare.com