



## PROVIDER NOMINATION FORM

*This form is used to request the enrollment of a health care provider in Hawaii.*

### To nominate a physician:

1. Talk to your health care provider about joining the Health Management Network.
2. Please complete the form below and submit to HMN.
3. HMN will contact and send a contract to the nominated provider.
4. Once HMN receives the completed contract and the provider meets the required criteria, he/she will be added to the HMN network and directory.

**HMN CANNOT GUARANTEE THAT YOUR HEALTH CARE PROVIDER WILL BECOME A PARTICIPATING PROVIDER WITHIN THIS NETWORK.**

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

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

Provider Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

### Please return to:

**Attention: Provider Services**

**FAX: (866) 206-5664 OR**

### MAIL TO:

HMN  
Attention—Provider Services  
1440 Kapiolani Blvd., Suite 1020,  
Honolulu, HI 96814

### Health Management Network, Inc.

Pacific Guardian Tower • Suite 1020, 1440 Kapiolani Boulevard Honolulu, Hawaii 96814  
Phone (808) 951-4621 • Fax (808) 951-4647