



Nominate a Provider to Join Our Network

Thank you for your interest in nominating a provider to join the Harvard Pilgrim Health Care or the First Health network. You currently have access to the largest growing PPO provider network in the country. However, if your provider is currently not affiliated with Harvard Pilgrim or First Health, please complete this form and we will contact your provider. Providers who agree to join our networks and meet our requirements typically become active within 90 to 180 days.

Member Information

Patient's Name: _____

Southcoast Health System Employee's Name: _____

Member ID: **H H S H P** _____

Best way to reach you during business hours:

Phone: _____ Email: _____

Provider Information

Physician's Name: _____

Practice Name: _____

Physician's Specialty: _____ Phone: _____

Physician's Address: _____

City: _____ State: _____ ZIP: _____

Submit this completed this form to: **Health Plans, Inc.**
Attn: SHP Customer Service Team
PO Box 5199
Westborough, MA 01581

or contact us by phone toll-free at **1-877-234-5550** or online at **www.southcoasthealthplan.org**.

Thank You!

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