Embright

1114 post avenue • seattle, wa 98101

Request for Network Participation

Practice/Provider Name: _____

Practice Type (ex. naturopathic, chiropractic, etc.): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Provider/Office email: _____

Contracting:

Contract Signer Name: _____

Title of Contract Signer: _____

Email: _____

Credentialing:

Organizational NPI/Individual NPI: _____ / _____

Credentialing Contact: _____

Email: _____

Phone: _____ Fax: _____

CAQH ID: _____

IMPORTANT: *Please indicate CAQH number and/or add Physicians of SW WA to OneHealthPort and re-attest to allow us access to the provider's credentialing information.*

QUESTIONS

	Yes	No		Yes	No
Does your practice have shareable electronic health record?	☐	☐	Do you know/have knowledge about value-based care?	☐	☐
Do you currently or have prior participation in risk agreements?	☐	☐	Have you ever participated in quality improvement programs?	☐	☐
Will you comply with condition-specific care paths?	☐	☐	Do you have the ability to analyze and address applicable cost of care metrics?	☐	☐
Have you ever been sanctioned by Medicare, Medicaid, or Office of Inspector General (OIG)?	☐	☐	Do you currently hold an unrestricted license to practice in the state of WA?	☐	☐

Do you currently have adequate malpractice insurance coverage of 1M/3M?	Yes ☐	No ☐	Will you maintain capacity and an open panel to accept new Embright members?	Yes ☐	No ☐
Are you currently connected to HIE?	☐	☐			

ADDITIONAL DOCUMENTS REQUIRED

- Attach a Provider Roster (please include: CAQH number, Organizational NPI, Provider NPI)
- Attach a current W9

SUBMIT REQUEST INSTRUCTIONS

- **Return to Embright via email at providersupport@embright.com**