



## Request for Network Participation

### Practice Information

<b>Practice/Provider Name</b>		
<b>Practice Type</b> <small>(ex. Naturopathic, chiropractic, etc)</small>		
<b>Organizational NPI</b>		
<b>Practice Location</b> <small>(attach list if more than 1)</small>		
<b>Phone/Fax</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Provider/Office Email</b>		

### Administrative Information

<b>Admin Address</b>		
<b>Phone/Fax</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Office Email</b>		

### Contracting Information

<b>Contract Signer Name</b>		
<b>Title of Contract Signer</b>		
<b>Email/Phone</b>	<b>Email:</b>	<b>Phone:</b>

### Credentialing Information

<b>Credentialing Contact</b>		
<b>Email</b>		
<b>Phone/Fax</b>	<b>Phone:</b>	<b>Fax:</b>
<b>CAQH ID</b> <small>(attach list if more than 1)</small>		
<b>Individual NPI</b> <small>(attach list if more than 1)</small>		

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

Please provide your appointment wait time for the following services.	Urgent Care	
	Routine care	
	Preventative care (PCP only)	

**Additional Documents Required:**

- Attach a Provider Roster (please include provider name, specialty, CAQH number, individual NPI)
- Attach a current W9

**Submit Request Instruction:**

- Return to Embright – [Maritess.Gamboa@Embright.com](mailto:Maritess.Gamboa@Embright.com)