For Internal Use Only
Management Approval: ______________________________
Rep Name: ______________________________

1199SEIU Benefit Funds

Provider Recruitment Form (Request to Participate)

Member Choice Credentialing Department • Times Square Station • PO Box 1009, New York, NY 10108-1009

(Please type or print in black or blue ink.)

Provider Information

❑ Please send me information on becoming an 1199SEIU Participating Provider.

Date ______________________________

Full Legal Name* ______________________________

Group/Practice Name ______________________________ Tax Identification No.* ______________________________

Office Address* ______________________________

City* ______________________________ State* ______________ Zip Code* ______________

Office Telephone* ______________________________ Office Fax ______________________________

Office Contact ______________________________ Email ______________________________

Credentialing Contact ______________________________ Phone ______________ Email ______________

Provider Specialty* ______________________________

Board Status ______________________________

Individual National Provider Identifier (NPI) ______________________________

Hospital Affiliation ______________________________

CAQH ID ______________________________ Date of Birth (for secondary validation)* ______________

* *Required Field*

Member Information

❑ I want the Funds to contact my doctor listed above so he or she can become an 1199SEIU Participating Provider.

Full Name ______________________________

Institution ______________________________

Telephone ______________________________

Please mail, fax or email completed form to:

1199SEIU Benefit Funds
Provider Relations Department
Contracting and Network Management
330 West 42nd Street, 29th Floor
New York, NY 10036-6977

Fax: (646) 473-7213 | Email: Providers@1199Funds.org

(Please allow 45 days from receipt to process your complete request.)

This document is not an application but a request for participation. It is subject to Funds' network adequacy guidelines. If you participate with CAQH, you must supply your CAQH ID and NPI or date of birth.