



Provider Nomination Form

If you would like apply for participation in Verity HealthNet, please submit the following form and a provider packet will be sent to you for review.

Provider Tax ID #:	
Is this a solo or group practice?	
Name of the Provider:	
Provider Address:	
City, State and Zip:	
Provider Specialty:	
Provider Phone #:	
Group NPI #:	
Website Address:	

If we have questions regarding this request, please let us know who to contact below:

Contact Person:		Contact Phone #:	
Email Address to send a provider packet:			

This form can be mailed, emailed or faxed to:

Verity HealthNet
PO Box 83578
Baton Rouge, LA 70884
(225) 819-1135 business
(225) 237-1624 fax
Email: Nominate@verityhealth.com