



Physician Nomination Form

Dear Patient:

To have your physician considered for membership in the WPPA ProviDRs Care Network, please print and fill out the patient section of the form and bring or send the whole form to your physician. This initiates our physician nomination process:

Your physician fills out and sends us the card requesting more information about WPPA ProviDRs Care Network.

1. If your physician is affiliated with a network hospital and meets our needs for the location we are targeting, we will call him or her to determine whether there is mutual interest in a relationship. If so, we will send your physician an application.
2. Your physician will complete the application and return it.
3. We will call the physician to discuss criteria for network acceptance (see reverse).
4. Completion of the postcard and application by the provider does not guarantee membership with WPPA ProviDRs Care Network. Reasons for final decision will remain confidential.
5. We recommend you check with your physician to determine if the application was submitted before following up with WPPA ProviDRs Care Network.

Due to the number of steps involved, the whole physician nomination process can take three to six months.

Dear Physician:

You have obviously worked hard to foster relationships with your patients; relationships that are built on respect and trust. As a result, you are being asked by the patient listed on the attached card to consider participation in WPPA ProviDRs Care Network.

WPPA ProviDRs Care Network is a Kansas based community oriented PPO network with over 3,700 physicians. Established in February of 1985, WPPA ProviDRs Care Network is physician directed and a subsidiary of the Medical Society of Sedgwick County MRF. WPPA ProviDRs Care Network, in cooperation with employers, insurance companies and providers, arranges access for over 152,000 participants to its network. One of the goals of WPPA ProviDRs Care Network is to allow the patient, to use their own physician with the provider agreeing to cooperate with WPPA ProviDRs Care Network utilization and reimbursement protocols. WPPA ProviDRs Care Network would like you to apply for membership. There is no charge for physician membership.

For more information, please complete the attached card and mail it today.

Your patient will be glad you did.

To Be Completed By Patient

Patient Name Mr. Mrs. Ms. (Circle One) _____

Address _____

City _____ St. _____ Zip _____

Health Benefit Plan/Employer Name _____

To Be Completed and Mailed By Physician

_____ Yes, I would like information on being a provider in the WPPA ProviDRs Care Network.

Physician Name _____

Office Address _____

City _____ St. _____ Zip _____

Telephone _____ State(s) you practice in: _____

Hospital at which you have admitting privileges: Specialty(s): _____

Physician Signature: _____

A Kansas Preferred Provider Association

A partnership among patients, physicians, and the WPPA ProviDRs Care Network.

To Become a Participant A Provider Must:

Have privileges at a hospital in the WPPA ProviDRs Care Network*

Complete an application

Satisfy the credentialing requirements

Be willing to cooperate with WPPA ProviDRs Care Network utilization and reimbursement protocols

Sign a Participating Provider Agreement

*Unless waived by WPPA ProviDRs Care Network Board of Directors

Mail To: WPPA ProviDRs Care Network
1102 S. Hillside
Wichita, KS. 67211