ChildNet Medical Associates

NETWORK PROVIDER REQUEST

Thank you for your interest in becoming a ChildNet Network Provider.

ChildNet Medical Associates is a pediatric focused IPA and our primary objective is to improve children's health care by supporting and enhancing the practices of its members in partnership with Valley Children's Hospital.

Please take a moment to answer the following questions and sign and return this form to ChildNet at childnet@childrenscentralcal.org or fax to (559) 353-5184.

PHYSICIAN & PRACTICE INFORMATION		
Last Name	First Name, MI	Gender: ( ) Male ( ) Female
Practice/Group Name:		
Primary Practice Address:	Office Number:	Fax Number:
Physician Email Address:		
Office Manager/Administrator:	Telephone Number:	
Mailing Address (If different from Practice Address):		
Primary Specialty:	Board Certified (check one): [ ] Yes [ ] No	
Secondary Specialty (if applicable):	Board Certified (check one): [ ] Yes [ ] No	
Sub-Specialty (if applicable):	Board Certified (check one): [ ] Yes [ ] No	
BILLING INFORMATION		
Name Affiliated with Tax ID:	Tax ID:	
Billing Address:	Billing Telephone Number:	
ADDITIONAL INFORMATION		
What percentage of your patients are between the ages of 0-16?		
Do you currently have privileges or will you be requesting privileges at Valley Children's Hospital?		
Which hospital do you use primarily for admitting or referring pediatric patients?		
Physician Signature:		**Date:**