

**Internal Use Only**

\_\_\_ Contract will be sent to provider  
\_\_\_ Contract not sent-no current network need



Date: \_\_\_\_\_

## Request for Network Participation

Please Note: The ECOH networks cover the northern Illinois, southern Wisconsin, and eastern Iowa region.  
**Completion of this form does not guarantee acceptance as a network provider.**

### PROVIDER INFORMATION

Medical Practice / Facility Legal Name	DBA Name (if applicable)	Tax ID Number	Practice / Facility NPI#	Practice / Facility Phone Number
Practice / Facility Street Address	City	County	State / ZIP Code	Practice / Facility Fax Number
<b>Individual Provider-Last Name</b>				
First Name / Middle Initial	Gender Male or Female	Degree	NPI #	
Specialty (s)	License #	Hospital Affiliation (s)	Taxonomy	Effective Date
<i>If multiple providers, please list below</i>				
<b>Individual Provider-Last Name</b>				
First Name / Middle Initial	Gender Male or Female	Degree	NPI #	
Specialty (s)	License #	Hospital Affiliation (s)	Taxonomy	Effective Date
<b>Individual Provider-Last Name</b>				
First Name / Middle Initial	Gender Male or Female	Degree	NPI #	
Specialty (s)	License #	Hospital Affiliation (s)	Taxonomy	Effective Date
<b>Contracting Contact: Name</b>				
Email	Phone	<b>Submitting multiple forms for:</b>		___ Locations ___ Providers

**Instructions:**

If the practice / facility has multiple locations, please fill out a *Request for Network Participation* form for each location listing each provider at that location. If there are more providers for the practice than can be submitted on one form, please submit multiple, fully completed forms to accommodate the number of providers. Please indicate the submission of multiple forms in the box above.

Please submit completed *Request for Network Participation* form(s), along with a W-9 form to the attention of the Office Manager via fax at 815-397-2790 or email at renees@ecoh.email.

If you have any questions, please contact Matt Ellingson, Executive Director or Renee Schroder, Office Manager at 815-397-0790 or via email at administrator@ecoh.email.