PROVIDER NETWORK PARTICIPATION REQUEST FORM

Facility Information (One Form must be submitted for each location/address)

DBA/Facility Name: ____ **Tax ID #**___________________

Address: ____

City________________________County___________________ State_______ Zip__________

Phone #___________________ Fax# ________________ Administrator / Contact Name_____________________

Mailing/Correspondence Address: ____ (☐ Same as above)

City________________________ County__________________ State_______ Zip___________

Phone #: _________________Fax #: _______________Contact Name: ___________________ Email: ____________________

Is this a Multi-Specialty Provider Group? [ ] Yes [ ] NO

Years in Business: _______ Number of Office Locations: ______ Languages Spoken: __________________

Does your facility provide any Specialty Services or care in the following Specialty Areas?
(Please check all boxes which apply)

- ❒ Amputee Rehab
- ❒ Aquatic Therapy
- ❒ Athletic Training
- ❒ Arthritis
- ❒ Back School
- ❒ Balance Therapy
- ❒ Brain Injury Rehabilitation
- ❒ Burn – 2nd and/or Ye3rd Degree
- ❒ Cardiac Rehabilitation
- ❒ Cardiopulmonary Rehabilitation
- ❒ Certified Hand Therapist - PT
- ❒ Certified Hand Therapist - OT
- ❒ Clinical Electrophysiology
- ❒ Cognitive Training – OT
- ❒ CVA Rehabilitation
- ❒ Functional Capacity Evaluation
- ❒ Geriatrics
- ❒ Hand Splinting
- ❒ Hydro-Therapy
- ❒ Lymphedema-Manual Lymphatic Drainage (MLD Certified?)______YES _____NO
- ❒ Mobilization – Soft Tissue
- ❒ Myofascial Release
- ❒ Neurologic Care - Physical Therapy
- ❒ Neurologic Care - Occupational Physical Therapy
- ❒ Occupational Therapy
- ❒ Oncology
- ❒ Orthopedic Care
- ❒ Orthotics
- ❒ Pediatric Physical Therapy ***(0 to 3 yrs)***
- ❒ Pediatric PT Developmental Delay ***(0 to 3 yrs)***
- ❒ Pediatric PT Non-Developmental Delay ***(0 to 3 yrs)***
- ❒ Pediatric Physical Therapy ***(4 years and up)***
- ❒ Pediatric PT Developmental Delay ***(4+ yrs)***
- ❒ Pediatric PT Non-Developmental Delay ***(4+ yrs)***
- ❒ Pediatric Occupational Therapy ***(0 to 3 yrs)***
- ❒ Pediatric OT Developmental Delay ***(0 to 3 yrs)***
- ❒ Pediatric OT Non-Developmental Delay ***(0 to 3 yrs)***
- ❒ Pediatric Occupational Therapy ***(4 years and up)***
- ❒ Pediatric OT Developmental Delay ***(4+ yrs)***
- ❒ Pediatric OT Non-Developmental Delay ***(4+ yrs)***
- ❒ Pediatric Sensory Integration Therapy/Training
- ❒ Pelvic Floor Therapy
- ❒ Physical Therapy
- ❒ Pre-Op Program
- ❒ Spinal Cord Injury Rehabilitation - PT
- ❒ Spinal Cord Injury Rehabilitation - OT
- ❒ Spinal Disorders
- ❒ Sports Physical Therapy
- ❒ TMJ Disorders
- ❒ Upper Extremity Schools
- ❒ Urinary Incontinence
- ❒ Urinary Stress Incont. Biofeedback
- ❒ Vestibular Rehabilitation
- ❒ Work Hardening - Industrial Rehabilitation
- ❒ Work Stimulation
- ❒ Wound Care
- ❒ Other Specialty Services______________________

Comments: ____

E-Mail to:
ONetprovidersupport@optum.com
Or fax completed form to:
Attn: OrthoNet-Provider Contracting
Fax: 888-692-1117 Phone: 888-257-4353
Please allow 2-3 weeks for processing

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