



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)

- | | |
|---|--|
| <input type="checkbox"/> Amputee Rehab | <input type="checkbox"/> Pediatric Physical Therapy (0 to 3 yrs) |
| <input type="checkbox"/> Aquatic Therapy | <input type="checkbox"/> Pediatric PT Developmental Delay (0 to 3 yrs) |
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Pediatric PT Non-Developmental Delay (0 to 3 yrs) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pediatric Physical Therapy (4 years and up) |
| <input type="checkbox"/> Back School | <input type="checkbox"/> Pediatric PT Developmental Delay (4+ yrs) |
| <input type="checkbox"/> Balance Therapy | <input type="checkbox"/> Pediatric PT Non-Developmental Delay (4+ yrs) |
| <input type="checkbox"/> Brain Injury Rehabilitation | <input type="checkbox"/> Pediatric Occupational Therapy (0 to 3 yrs) |
| <input type="checkbox"/> Burn – 2nd and/or 3rd Degree | <input type="checkbox"/> Pediatric OT Developmental Delay (0 to 3 yrs) |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Pediatric OT Non-Developmental Delay (0 to 3 yrs) |
| <input type="checkbox"/> Cardiopulmonary Rehabilitation | <input type="checkbox"/> Pediatric Occupational Therapy (4 years and up) |
| <input type="checkbox"/> Certified Hand Therapist - PT | <input type="checkbox"/> Pediatric OT Developmental Delay (4+ yrs) |
| <input type="checkbox"/> Certified Hand Therapist - OT | <input type="checkbox"/> Pediatric OT Non-Developmental Delay (4+ yrs) |
| <input type="checkbox"/> Clinical Electrophysiology | <input type="checkbox"/> Pediatric Sensory Integration Therapy/Training |
| <input type="checkbox"/> Cognitive Training – OT | <input type="checkbox"/> Pelvic Floor Therapy |
| <input type="checkbox"/> CVA Rehabilitation | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Pre-Op Program |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Spinal Cord Injury Rehabilitation - PT |
| <input type="checkbox"/> Hand Splinting | <input type="checkbox"/> Spinal Cord Injury Rehabilitation - OT |
| <input type="checkbox"/> Hydro-Therapy | <input type="checkbox"/> Spinal Disorders |
| <input type="checkbox"/> Lymphedema-Manual Lymphatic Drainage
(MLD Certified?) _____ YES _____ NO | <input type="checkbox"/> Sports Physical Therapy |
| <input type="checkbox"/> Mobilization – Soft Tissue | <input type="checkbox"/> TMJ Disorders |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Upper Extremity Schools |
| <input type="checkbox"/> Neurologic Care - Physical Therapy | <input type="checkbox"/> Urinary Incontinence |
| <input type="checkbox"/> Neurologic Care - Occupational Physical Therapy | <input type="checkbox"/> Urinary Stress Incont. Biofeedback |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Vestibular Rehabilitation |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Work Hardening - Industrial Rehabilitation |
| <input type="checkbox"/> Orthopedic Care | <input type="checkbox"/> Work Stimulation |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Wound Care |
| | <input type="checkbox"/> Other Specialty Services _____ |

Comments: _____

E-Mail to:

network-development@orthonet-online.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