



PacificSource AMHA-NW Participation Form

1. Provider Information

Name: _____ **Credentials:** _____

IPA Association (circle one): COMPHA WOMHA METRO

Current Status (circle one):

- a. Direct contract with PacificSource
- b. Contract with Reliant Behavioral Health (RBH)
- c. No contract

2. Additional Information

- a. If you have a direct contract with PacificSource but would like to be part of the AMHA-NW contract, send the following:
 - i. Written consent to term your direct contract and join the AMHA-NW contract
 - ii. Completed Participation Form

- b. If you are contracted through RBH but would like to join the AMHA-NW contract instead, complete and send the following:
 - i. Provider Interest Form
 - ii. W-9
 - iii. Credentialing Application
 - iv. Proof of termination with RBH (i.e. term letter sent to RBH)
 - v. Participation Form

- c. If you do not have a contract with PacificSource or RBH, complete and send the following:
 - i. Provider Interest Form
 - ii. W-9
 - iii. Credentialing Application
 - iv. Participation Form

Send materials to PacificSource, attention Avery Stewart, by:
Email: avery.stewart@pacificsource.com (preferred)
Fax: 541.225.3643
Mail: 110 International Way, Springfield, OR 97477

3. IPA Coordinator Approval

Signature: _____ Date: _____

Name (print): _____ Title: _____