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Please return this Group Add Request form along with a completed Nevada Standard Credentialing Application. Make certain all signature dates and attached documents are current. Providers may NOT see/treat Culinary Health Fund patients prior to receiving an effective date from the Credentialing Committee.

GROUP ADD REQUEST

Name of Group: _____

Tax ID # _____

Name of Provider being added: _____

Provider's NPI # _____

Specialty of Provider being added: _____

If adding APRN, will he/she perform First Assist services?

Yes No

Certification date: _____ Number: _____

Effective Date: _____

Hospital-Based Provider? (Please circle one)

Yes No

Practice Location(s) (attach separate sheet if necessary) _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Please fax back to: 702-892-7365 Attention: Contracts and Credentialing or e-mail to contractsandcred@culinaryhealthfund.org