



Provider Nomination Form

Please complete the following information to assist the contracting staff in soliciting your provider choice(s) for inclusion into the network. The nominated providers(s) will be contacted, as requested, for potential inclusion in the BlueCard network. However, Anthem cannot guarantee the addition of any physician or healthcare provider to the BlueCard network. Please continue to verify all physicians' and other healthcare providers' participation as an Anthem contracted provider prior to receiving any services.

1. Identify your Plan option: BlueCard PPO

2. Please provide us with the following Provider information.

	Provider Name	Specialty	Street Address	City	State	Zip	Phone Number (Include Area code)
1							
2							
3							
4							
5							

Please provide: (A) Your name: _____ (B) Your Phone Number _____ (C) Employer's Name: Nortel

Completed forms should be emailed to: jackie.morrow@wellpoint.com