



**ChildNet**  
MEDICAL ASSOCIATES

## NETWORK PROVIDER REQUEST

Thank you for your interest in becoming a ChildNet Network Provider.

ChildNet Medical Associates is a pediatric focused IPA and our primary objective is to improve children's health care by supporting and enhancing the practices of its members in partnership with Valley Children's Hospital.

Please take a moment to answer the following questions and sign and return this form to ChildNet at [childnet@valleychildrens.org](mailto:childnet@valleychildrens.org) or fax to (559) 353-5184.

ALLIED HEALTH PROFESSIONAL/PHYSICIAN & PRACTICE INFORMATION			
Last Name	First Name, MI	Suffix	Gender: ( ) Male ( ) Female
Practice/Group Name:			
Primary Practice Address:	Office Number:	Fax Number:	
Physician Email Address:			
Office Manager/Administrator:	Telephone Number:		
Mailing Address (If different from Practice Address):			
Primary Specialty:	Board Certified (check one): [ ] Yes [ ] No		
Secondary Specialty (if applicable):	Board Certified (check one): [ ] Yes [ ] No		
License Number: Circle one: MD / DO / NP / PA	Board Certified (check one): [ ] Yes [ ] No		
BILLING INFORMATION			
Name Affiliated with Tax ID:	Tax ID:		
Billing Address:	Billing Telephone Number:		
ADDITIONAL INFORMATION			
What percentage of your patients are between the ages of 0-16?			
Do you currently have privileges or will you be requesting privileges at Valley Children's Hospital?			
Which hospital do you use primarily for admitting or referring pediatric patients?			
Allied Health Professional/Physician Signature:			Date: