



4013 Northwest Expressway, Suite 575
Oklahoma City, OK 73116
Phone: (405) 440-8835
(800) 816-5356
Fax: (405) 440-8847

Provider Nomination Form

If you would like to nominate a physician or practitioner to participate in the Oklahoma Health Network, please provide the following information.

Please Print

Referred by:

Your Name: _____

Employer: _____

Phone: () _____

I am a physician/practitioner licensed by the State of Oklahoma, please send me an Oklahoma Health Network application.

Physician/Practitioner Name: _____

Degree: _____ (*i.e. MD, DO, DC*) Specialty: _____

Practice Address: _____

Phone: () _____

Please fax the completed form to (405) 440-8847 or mail it to:

Oklahoma Health Network
Provider Relations Department
4013 Northwest Expressway, Suite 575
Oklahoma City, OK 73116

Submission of the provider nomination form does not guarantee membership.