

# Nominate Your Provider to join our Network



## Is your provider not in our network?

You can ask us to contact them about joining our network.

In-network providers are the doctors and other healthcare professionals and facilities that have an agreement with us to accept our payment and any applicable member cost-sharing as payment in full. We have arranged for these providers to deliver covered services to members in our plan. This also means in-network providers will not bill you for covered services beyond your cost-sharing amount (copays and/or coinsurance).

It is important to know which providers are part of our network because your cost-sharing and coverage may be different if you see out-of-network providers. If you have questions about your costs or coverage, please see your Evidence of Coverage or contact us.

## How to nominate your provider;

1. Complete the information below and return it to us by mail or email. You can also call us with this information.
2. We will follow-up directly with your provider.

Please note that nominating your provider does not guarantee that they will join our network. It also does not commit PacificSource Medicare to contract with the provider. By turning in this form, we may use your name when contacting the provider to let them know that you would like them to join our network. If your provider submits an application to us, it can take four to six weeks for the submission to be reviewed. If you have any questions about the status of the submission, please contact your provider directly.

Your name:		
Provider name:		
Provider office address:		
City:	State:	Zip:
Provider Phone:		

## How to find in-network providers

- **On our website**  
Go to [www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com). Click "Search Tools"; then click "Find a Provider."
- **By phone**  
Call our Customer Service Department at:
  - (888) 863-3637 toll-free
  - (800) 729-2900 TTYWe are open:  
October 1 - February 14:  
8:00 a.m. - 8:00 p.m.  
local time zone  
seven days a week  
February 15 - September 30  
8:00 a.m. - 8:00 p.m.  
local time zone  
Monday - Friday
- **By mail**  
Contact our Customer Service department by mail at:  
PO Box 7469  
Bend, OR 97708  
or email at:  
[MedicareCS@pacificsource.com](mailto:MedicareCS@pacificsource.com)

