



Provider Network Participation Agreement

INSTRUCTIONS:

1. Please sign, date and forward two copies of the Provider Network Participation Agreement.
2. Please sign, date and forward two copies of the HMO/POS Addendum.
3. Please sign, date and forward two copies of the Workers Comp Addendum.
4. If you are an NCQA Certified Patient Centered Medical Home and are applying for the HMO/POS product please sign, date and forward two copies of the Patient Centered Medical Home Supplement Agreement.
(This is for PCP's only)

Once the agreements are fully executed by QualCare an original copy will be sent to you for your records.

Please forward all six (6) documents - 2 Agreements and 4 Addendums to:

EMAIL TO: qccredentialing@qualcareinc.com

OR

FAX TO: 732-562-7868

OR

MAIL TO:

**QualCare Inc.
Credentialing Department
30 Knightsbridge Road
Piscataway, NJ 08854**