



## Allied Health Provider Network Participation Agreement

### INSTRUCTIONS:

1. Please sign, date and forward two copies of the Provider Network Participation Agreement to QualCare.
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 to QualCare.

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](mailto:qccredentialing@qualcareinc.com)

**OR**

**FAX TO:** 732-562-7868

**OR**

**MAIL TO:**

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