

# UNION PACIFIC RAILROAD EMPLOYEES HEALTH SYSTEMS

NETWORK OPERATIONS  
P.O. Box 161020  
Salt Lake City, Utah 84116-1020

## PROVIDER NOMINATION COMPLETION OF THIS FORM IS NOT A PARTICIPATION AGREEMENT

PROVIDER NAME: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_ NPI#: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN POSSIBLE

SPECIALTY(IES): \_\_\_\_\_

PRACTICE ARRANGEMENT: SOLO \_\_\_\_\_ GROUP \_\_\_\_\_ # IN GROUP \_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TO UPREHS AT THE ABOVE ADDRESS OR:

EMAIL: [MGILBERT@UPHEALTH.COM](mailto:MGILBERT@UPHEALTH.COM)

FAX: (801) 595-4373

SUBMITTED BY \_\_\_\_\_

DATE \_\_\_\_\_

