

Request to Contract with UPHP

Legal company name to appear on the contract:

Full name of authorized signatory:

Title of authorized signatory:

Service location(s):

**Please note that UPHP may choose not to contract with locations outside of our service area, which includes the Upper Peninsula of Michigan, some areas south of the Mackinac Bridge, and Northern Wisconsin. (For instance, if you have two clinic locations, one in Marinette and one in Green Bay, we may only contract with you for the location in Marinette. If you have multiple locations, we can only contract with approved providers within our service area).*

Services provided (please list all):

Are you currently enrolled in CHAMPS?

Yes No

Provider Credentials (Please check all that apply):

MD DO PA NP MSW DME Other: _____

**Please note that if you are a PA, NP, or limited license provider, your supervising physician must be in network with UPHP.*

Other Supervising Physician requirements include:

Availability for consults within 30 minutes

State licensure and specialty must match applicant

Please list all providers below who will be practicing at the participating locations who require credentialing:

Provider Name and Degree	Provider NPI Number

**If additional space is necessary, please attach a roster including all providers.*

Are all providers who will participate under our proposed mutual agreement properly licensed in the state where services are provided?

Yes No

Are any/all MD's and DO's board certified?

Yes No

Are you currently providing services to UPHP members?

Yes No

*Provider(s) **may not provide services to UPHP members without approved prior authorization** until they have been credentialed and approved by the UPHP Medical Director and/or Credentialing Committee. Be sure to notify your schedulers, claims representatives and/or office manager of this to prevent claim rejections.

- Prior Authorization must be approved **before a member is seen** to receive payment.
- If a provider has been denied by the Credentialing Committee/Management Committee in the past, then the provider cannot see members, even with a prior authorization unless the Committees reverse their decision.
- Attached is a Prior Authorization form. If you have any questions regarding this process, you may contact the Utilization Management at 906-225-7774 or visit <https://www.uphp.com/providers/authorization-process/> for more information.

Thank you again for your interest in joining our network! If you have any questions, you can contact the Provider Relations Department at 906-226-4285 or ProviderRelations@uphp.com.