

Verity HealthNet

Provider Nomination Form

If you would like apply for participation in Verity HealthNet, please submit the following form and a provider packet will be sent to you for review.

This form can be mailed, emailed or faxed to: Verity HealthNet – Attn: Amy Troth
P O Box 83578
Baton Rouge, LA 70884
225-819-1135 *business*
225-237-1624 *fax*
Email: amy.troth@verityhealth.com

Physicians Full Name
or Facility Name:

Address:

City, State and Zip:

Providers Specialty:

Providers Phone #:

TIN:

Is Billing on a
HCFA 1500 or a UB:

Contact Person's Name

Contact's Phone

Number:

Email Address to mail
provider packet

If no email address, provide contact mailing address if different
from above:

Comments: