

# Wishing your doctor was in-network?



## INVITE YOUR DOCTOR

Ensure that your doctor is not already in-network with EMI Health by checking the Provider Search at <https://emihealth.com/ProviderSearch>. Don't see your doctor listed in the Provider Search? Invite them to become part of our team! The most successful way to see if your provider is willing to join EMI's network is by speaking with them directly and making them aware of your interest. Find your network below and follow their instructions on inviting providers to join. Please note: some networks do not allow members to fill out a request form. Invite your provider to initiate the process if this is the case.

### Blue Cross Blue Shield of Arizona

Providers are able to request joining this network. Please refer your provider to this address: <https://www.azblue.com/credentialing>

### Careington

Please visit the following website to begin this process. <https://www.careington.com/providernomination/index.aspx?id=HMDentalCarePPO>

### Cigna

Medical and dental providers are able to request joining this network. Please refer your provider to this link:

**Medical** - <https://www.cigna.com/health-care-providers/credentialing/join-medical-network>

**Dental** - <https://www.cigna.com/health-care-providers/credentialing/join-dental-network>

### Aetna

Providers are able to request joining this network. Please refer your provider to this link: [aetna.com/health-care-professionals/join-the-aetna-network.html](https://aetna.com/health-care-professionals/join-the-aetna-network.html)

### DenteMax

Please visit the following website to begin this process: <https://www.dentemax.com/referadentist>

## EMI Health Utah Provider Request Form

### Please print and deliver the form below to your provider

This form is to be filled out by providers who wish to join EMI Health's network. This form is not to be submitted by members. Please email this information to: [provider-relations@emihealth.com](mailto:provider-relations@emihealth.com).

#### PROVIDER INFORMATION

Last Name:	First Name:	MI:	Medical: <input type="checkbox"/>
			Dental: <input type="checkbox"/>
Specialty:		Individual NPI:	

#### OFFICE INFORMATION

Contact Name:	Email Address:	Phone Number:	
Address:	City:	State:	Zip