

Thank you for your interest in joining our network. Please review based on your service type how to begin the process of joining our network.

Service Type	
<p>Ambulatory Surgery Centers Long Term Acute Care Centers Rehab Hospitals</p>	<p>Provider should contact Credentialing Department at: 877-842-3210 and select the following prompts:</p> <p>First, <i>Help with Something Else</i> then, <i>Credentialing</i> then, <i>Medical</i> finally, <i>Join the Network</i></p> <p>Provider must allow 30-45 days for the credentialing application to be reviewed and approved. After the 30-45 days, you may follow up directly with our Credentialing Department again to confirm that your facility has been approved.</p> <p>After confirmation you can E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Letter of Interest should clearly indicate that your facility has completed credentialing. Provide a contact name, email address, facility's full name, facility's address, tax i.d. number, phone number, fax number and county where facility is located. Please also advise if facility bills with CMS 1500 or UB and provide copy of current W-9.</p>
<p>Ambulance & Transportation Companies</p>	<p>E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com Provide a contact name, email address, company's legal name, billing and correspondence addresses, tax i.d. number, phone number, fax number and counties serviced.. Please provide a copy of current W-9.</p>
<p>Audiology/Hearing Aids</p>	<p>Network is currently closed.</p>
<p>Dialysis</p>	<p>Network is currently closed.</p>
<p>Durable Medical Equipment</p>	<p>Network is currently closed.</p>
<p>Family Planning Facilities</p>	<p>Provider should contact Credentialing Department at: 877-842-3210 and select the following prompts:</p> <p>First, <i>Help with Something Else</i> then, <i>Credentialing</i> then, <i>Medical</i> finally, <i>Join the Network</i></p> <p>Provider must allow 30-45 days for the credentialing application to be reviewed and approved. After the 30-45 days, you may follow up directly with our Credentialing Department again to confirm that your facility has been approved.</p> <p>After confirmation you E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Letter of Interest should clearly indicate that they your facility has already been credentialed. Provide a contact name, email address, facility's full name, facility 's address, tax i.d. number, phone number, fax number and county where facility is located. Please provide a copy of current W-9.</p>

<p>Home Health Services Home Infusion Hospice Respite Specialty Pharmacy</p>	<p>Provider should contact Credentialing Department at: 877-842-3210 and select the following prompts:</p> <p>First, Help with Something Else then, Credentialing then, Medical finally, Join the Network</p> <p>Provider must allow 30-45 days for the credentialing application to be reviewed and approved. After the 30-45 days, you may follow up directly with our Credentialing Department again to confirm that your facility has been approved.</p> <p>After confirmation you can E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Letter of Interest should clearly indicate that your facility has completed credentialing. Provide a contact name, email address, facility's full name, facility's address, tax i.d. number, phone number, fax number and county where facility is located. Please also advise if facility bills with CMS 1500 or UB and provide copy of current W-9.</p>
<p>Orthotics & Prosthetics</p>	<p>Our network is currently closed.</p>
<p>Lab & Pathology Services</p>	<p>E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com to include</p> <p>Legal Name of Organization Tax ID with NPI Corporate address Phone and fax number Contact person with email address Billing Address Phone and fax number</p> <p>List of Place of Services List of Pathologists that belong to the group</p> <p>Copies of Licenses</p>
<p>Physical Therapy Speech Therapy Occupational Therapy</p>	<p>These services are provided in California via the following networks, please contact one of the following providers:</p> <p>A C N: 800-873-4574 www.theacngroup.com</p> <p>Preferred Therapy Provider: 800-664-5240 www.preferredtherapy.com</p> <p>PTPN: 800-766-PTPN www.ptpn.com</p>
<p>Radiology Diagnostic Radiology Hospital Based Radiology</p>	<p>Diagnostic Radiology Facilities must be accredited with one of the following agencies in order to participate in our network.</p> <p>American College of Radiology (ACR) www.acr.org (external link) 1-800-770-0145</p> <p>Intersocietal Accreditation Commission (IAC) www.intersocietal.org (external link) 1-800-838-2110</p>

	<p>E-mail a Letter of Interest with proof of accreditation to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Provide a contact name, email address, facility's full name, facility's address, tax i.d. number, phone number, fax number and county where facility is located. Please provide a copy of current W-9.</p>
<p>Skilled Nursing Facilities</p>	<p>Please contact based on state:</p> <p>California</p> <p>Northern Ed ("Ted") Grillo 925-602-1652</p> <p>Southern Sal Laique 714-825-2239</p> <p>Nevada Val Browning 225-237-2212</p> <p>Washington Patricia Kelly 206-749-4342</p> <p>Oregon Sheila Strand 503-213-2384</p>
<p>Sleep Studies</p>	<p>E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Provide a contact name, email address, facility's full name, facility's address, tax i.d. number, phone number, fax number and county where facility is located. Please provide a copy of current W-9.</p>
<p>Urgent Care</p>	<p>E-mail a Letter of Interest to CA-AncillaryNetworkMgmtPCSUresolution@phs.com</p> <p>Provide a contact name, email address, facility's full name, facility's address, tax i.d. number, phone number, fax number and county where facility is located. Please provide a copy of current W-9.</p>