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www.culinaryhealthfund.org

Please return this Group Add Request form along with a completed Nevada Standard Credentialing Application. Make certain all signature dates and attached documents are current. Providers cannot see/treat Culinary Health Fund patients prior to receiving an effective date from the Credentialing Committee.

GROUP ADD REQUEST

Name of Group: _____

Tax ID # _____

Name of Provider
being added: _____

Specialty of Provider
being added: _____

Effective Date: _____

Hospital-Based
Provider? (Please
circle one) Yes No

Practice Location(s)
(attach separate
Sheet if necessary) _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

**Please fax back to: 702-892-7365 Attention: Jeanie Jenkins
or e-mail to jjenkins@culinaryhealthfund.org**