

EST. 1993



Healthcare Networks of America

Automatic Renewal CREDENTIALING FORM

Provider Name: _____

Address: _____

Federal Tax ID Number _____

Degree: _____

National Provider Identifier #: _____

Specialty _____

Malpractice Carrier: _____

Exp.: _____

State License Number _____

Exp: _____

DEA Certificate #: _____

Exp: _____

Phone Number: _____ Fax Number: _____

Credentialing Contact: _____

Credentialing Contact Email: _____

Provider's Email: _____

Website: _____

Your annual network participation of \$110.00 will be paid via credit card per your signed Automatic Renewal form and will be processed on _____.

*****Please update your credit card information with us, if needed, by submitted the new Automatic Renewal Form attached.*****

*If you wish to cancel either your membership or this Automatic Renewal, you **must** inform us in writing no later than _____ as refunds will not be issued after payment has been processed. Any chargebacks will result in an automatic \$35.00 processing fee charged to your account. *

You consent to us contacting you using all channels of communication and for all purposes. We will use the contact information you provide or have provided to us. This may include text messages, automatic telephone dialing systems, prerecorded voice and/or fax. We do not sell or distribute our lists. This information is used for internal purposes only.

Signature: _____ Date: _____

To obtain a copy of our fee schedule/health plan list please e-mail us at providerrelations@hna-net.com

PO BOX 71717, PHOENIX, ARIZONA 85050
VOICE 877-311-3338 FAX 602-485-3100
WWW.HNA-NET.COM

AUTOMATIC RENEWAL PLAN

EST. 1993



Healthcare Networks of America

****Please sign and return with the credentialing form and payment****

Automatic Renewal Plan: I have opted to join the Automatic Renewal Plan by completing and submitting this form. I understand that by enrolling in the plan, I will not be mailed an annual credentialing packet but instead faxed and emailed my credentialing form and will be charged a discounted fee annually.

Term: This program will **commence this year** and continue indefinitely on an annual basis until such time as I provide written notification.

To cancel the Automatic Renewal or change the method of payment for the Automatic Renewal, on or before the 1st of the month of my renewal date (no refunds will be issued once the payment has been processed).

I understand that my annual renewal date will not change and that my membership fee will be charged to the card number provided. It is my responsibility to notify HNA when my credit card, expiration date or banking information changes. Failure to do so, resulting in an unsuccessful automatic renewal charge, may cause the annual membership fee to default to the regular fee. I further understand that I will be informed by fax and email from HNA of my annual credentialing each year, prior to the automatic renewal charge of my membership. Any modifications to this Agreement will result in a full price fee.

You consent to us contacting you using all channels of communication and for all purposes. We will use the contact information you provide or have provided to us. This may include text messages, automatic telephone dialing systems, prerecorded voice and/or fax. We do not sell or distribute our lists. This information is used for internal purposes only.

Provider Name _____

Card Type: **Visa** **MasterCard** **American Express**

Card Number: _____ Exp. Date: _____

Name on Card: _____ 3 or 4-digit CVV: _____

Signature: _____ Date: _____

Cardholder signature only – no exceptions.

TAX ID#: _____

Privacy Policy: Your privacy is important to HNA. The HNA office collects and uses your professional contact information for administrative purposes in order to manage benefits, insurance administration, and to send you information relating to your membership with HNA. We may share your name and professional contact information with any network or payer that is contracted with HNA. We do not share your contact information with any third parties. We do not share financial information with anyone.

Sign up for Automatic Renewal & Save!

PO BOX 71717, PHOENIX, ARIZONA 85050
VOICE 877.311.3338 FAX 602.485.3100
WWW.HNA-NET.COM