Provider Nomination Form

If you have a provider that you would like seek treatment from and they are not contracted with NX Health Network, please complete and submit the following:

Medical Provider Specialty

- ☐ Acupuncture (AC)
- ☐ Aerospace Medicine (AM)
- ☐ Chiropractor (DC)
- ☐ Dietician (RD)
- ☐ Homeopathic (HO)
- ☐ Nurse Practitioner (NP)
- ☐ Social Worker (LSW)
- ☐ Medical Doctor (MD)
- ☐ Message Therapist (MT)
- ☐ Midwife (RM)
- ☐ Naturopathic Provider (ND)
- ☐ Nurse (RN)
- ☐ Respiratory Therapist (RT)
- ☐ Occupational Therapist (OT)
- ☐ Ophthalmologist (MD)
- ☐ Podiatrist (DPM)
- ☐ Physician Assistant (PA)
- ☐ Physical Therapist (PT)
- ☐ Psychologist (PhD/PsyD)
- ☐ OB/Gynecologist (OB-GYN)
- ☐ Speech/Hearing Therapist (MA)
- ☐ Licensed Clinical Social Worker (LCSW)
- ☐ Marriage, Family & Child Counselor (MFCC)
- ☐ Licensed Marriage & Family Therapist (LMST)
- ☐ Other *(please specify)*

Medical Provider Information

Provider's Full Name:

Provider's Address:

City: State: Zip:

Provider's Phone:

Subscriber Information

Patient's Full Name:

Best Way to Contact You: Phone Email

Your Identification Number: Your Date of Birth:

Your Plan Number & Company Name:

Please send completed Provider Nomination Form to:
information@NXHealthNetwork.com or simply mail to
NX Health Network
23048 N 15th Ave
Phoenix, AZ 85027