

# CAPE - Carolina Access for Public Entities

## Provider Nomination Form



The County Health Plan continually adds new providers to our network to ensure the most comprehensive statewide coverage.

*If you are a member of the County Health Plan, and your provider is not currently participating in the CAPE network, you may nominate him/her by completing the following member and provider information.*

Member Information		
Name		
Street Address		
City	State	Zip Code
Phone Number	Email Address	
Employer	<b>The County Health Plan</b>	

*If you are a provider interested in participating in the CAPE network, please complete the following information.*

Provider Information		
Provider Name	Specialty	Group Name
Street Address		
City	State	Zip Code
Phone Number	Fax Number	
Office Manager	Tax ID	Board Status Eligible:            Certified:            N/A:
Institution of Residency	Year Completed	Malpractice Limits
Hospital Privileges: (List hospitals where provider has unlimited admitting privileges only.)		

*Thank you for providing the above information. The CAPE credentialing process generally takes between 30-60 days. This process is dependent upon timely responses, and a prompt return of a completed application and contract documents. CAPE will make every effort to add nominated provider's to the network, however, please understand that nominating a provider does not guarantee that they will become a CAPE participating provider.*

**Please mail or fax your completed form to:**

**CAPE Network  
215 N. Dawson St.  
Raleigh, NC 27603  
P: 877-649-CAPE (2273)    F: 919-719-1105**