

Provider Nomination

If you are a member and your doctor is not participating in one of American Health Group's networks, you can nominate your doctor. Please follow the steps below.

1. Determine if the physician or other medical professional participates in American Health Group's managed care network by going to the link entitled "verify current information."
2. If the provider is not listed, please print a copy of the form below and take it to your doctor to complete the form. They may send the information to:
American Health Group
Managed Care Department
P.O. Box 1500
Maumee, OH 43537
Fax: 419.891.1280
3. Once American Health Group gets the information, we will follow up with your doctor to discuss joining our network and gather any additional information we may need.

American Health Group

Provider Nomination Form

Office Contact Name:

Provider's First Name:

Provider's Last Name:

Office Address:

City:

State:

Zip:

Phone:

Degree: (MD, DO, etc.)

Specialty:

Provider's Tax ID:

Provider's Signature

Mail To:

Fax To:

**American Health Group
Attn: Managed Care Department
P.O. Box 1500
Maumee, OH 43537**

419.891.1280