



Provider Nomination Form

The River View Provider Group is a closed network of medical providers who provide health care services to injured employees of Tarrant County. River View Provider Group will review requests from County employees or individual health care providers to consider adding a health care provider to the Panel. This "Provider Nomination Form" provides basic information that River View Provider Group needs to begin this process. The credentialing of health care providers is a structured process, and therefore any information provided to River View Provider Group must be accurate and complete.

Because the River View Provider Group Panel is a closed network, no assurance is given that a provider or facility will be added to the network.

Nominating Person Information

Name of Person Nominating the Provider			
Organization			
Mailing Address			
City			Zip Code
Phone	Fax		
Email			

Health Care Provider Being Nominated

Health Care Provider Name			
Health Care Practice/Facility Name			
Tax ID Number			
Primary Specialty			
Secondary Specialties			
Physical Street Address			
City			Zip Code
County of Physical Address			
Mailing Address Street/PO Box			
City			Zip Code
Health Care Practitioner's Contact Person			
Phone	Fax		
E-Mail			

The completed form should be provided to River View Provider Group at the following email address: info@riverviewprovidergroup.com.