## Prominence<sup>®</sup> Health Plan

https://prominencehealthplan.com/find-a-doctor/nevada-provider-directories

Northern Nevada Provider Directories							
Prominence HMO Network	Prominence PPO Network						
Southern Nevada Provider Directo	ories						
Prominence HMO Network	Prominence PPO Network						
Recent Provider Terminations							
Recent Provider Terminations							

## **Step-by-Step Instructions**

- 1. Select the appropriate plan, depending on where you are located.
- 2. Once in the document, you may hit "CTRL + F" to search your provider by name.

For out-of-state use, access the Fully Funded Group Provider Directory (https://commercial.prominenceproviders.com).

## **Member Enrollment Application**

When completing the Employee Enrollment Application (seen below), Prominence does not require PCP election for any plans. You may disregard this section.

B. INDIVIDUALS COVERED – MEDICAL COVERAGE						
If waiving health coverage, please complete Section H.						
Name (Last, First, Middle Initial) (List only family members to be insured, removed, or changed) (REQUIRED)	Social Security Number (REQUIRED)	Gender	Date of Birth (mo/day.(yr) (REQUIRED)	Primary Care Physician Name	Email Address	Cell Phone
#1-Employee		Пм				
		□ F				
#2-Spouse		ПМ				
		F				

*(continued on next page)* 1