



KERN HEALTH SYSTEMS

Provider Contract Request

Thank you for your interest in joining the Kern Health Systems (KHS) provider network. Please complete this form and include copies of requested documents as indicated. You will be contacted by a Provider Contract Specialist regarding next steps within 5-10 business days.

Facility / Provider:

Name:

Street Address:

City:

State:

Zip:

Telephone #:

Fax #:

Second Location:

Name:

Street Address:

City:

State:

Zip:

Telephone #:

Fax #:

Service / Specialty (check all that apply):

Applied Behavioral Analysis

Hospital

Pharmacy

Community Based Adult Services

Laboratory

Skilled Nursing Facility

Durable Medical Equipment

Long Term Care

Specialist

Home Health

Mental Health

Urgent Care

Hospice

Primary Care Physician

Transportation (check all that apply):

NEMT

NMT

Gurney

Wheelchair

Other:

Tax ID:

NPI:

What area of Kern County do you service?



Main Contact:

Name:

Telephone #:

Email Address:

Yes No

Is the clinic CPSP certified?
(If yes, please provide certification.)

Is this facility a federally designated Rural Health Clinic?
(If yes, please provide any legal, financial, or tax document identifying the facility as a RHC.)

Does this facility have any lab services that require a CLIA waiver or registration?
(If yes, please provide a CLIA number.)

Is this facility an Ambulatory Surgery Center?
(If yes, please submit a copy of the facility's accreditation. If facility accreditation is not provided, contracting and credentialing will be denied.)

Please attach the following items:

- KHS Inquiry Form
- Current W9
- MCAL Approval Letter
- CPSP Certification (if applicable)
- RHC Documentation (if applicable)
- Ambulatory Surgery Center Accreditation

Contracting will reach out to confirm this request was received. Please feel free to attach any program outlines/brochures that may help the KHS Contracting Department understand the services that will be offered to members.

Note: Completion of this form is not part of the credentialing application for network participation nor is it a guarantee a contract will be issued. The credentialing process may take an additional 90-120 days. Please email this form along with requested documents to PRcontracting@khs-net.com.