

Prominence[®] Health Plan

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

Northern Nevada Provider Directories

Prominence HMO Network

Prominence PPO Network

Southern Nevada Provider Directories

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 \(https://commercial.prominenceproviders.com\)](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) <i>(List only family members to be insured, removed, or changed)</i> (REQUIRED)	Social Security Number (REQUIRED)	Gender	Date of Birth <i>(mo/day/yr)</i> (REQUIRED)	Primary Care Physician Name	Email Address	Cell Phone
#1-Employee		<input type="checkbox"/> M <input type="checkbox"/> F				
#2-Spouse		<input type="checkbox"/> M <input type="checkbox"/> F				

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