

Practitioner Name: _____
Last First Middle Suffix Title

Practitioner NPI: _____

Practitioner Race and Ethnicity

Supplemental Information Form

Race and/or ethnicity (for health plan use only):

The following information is optional and may be used in provider directories to help members make informed choices and/or to help ensure that our network of providers is adequate to meet the needs of our members.

Select all that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify): _____
- Prefer Not to Say

*Providing race and/or ethnicity information on the credentialing application is entirely optional and refusal to provide this information will **not** subject you to adverse treatment. This information will **not** be considered in making any decisions regarding your credentialing.*

If provided on the credentialing application, the health plan may utilize race and/or ethnicity information in provider directories or in internal resources to help members make informed choices and/or to help ensure that our network of providers is adequate to meet the needs of our members.

Check here if you do not wish for your race and/or ethnicity to be displayed in provider directories: