

Practitioner Name: \_\_\_\_\_  
Last First Middle Suffix Title

Practitioner NPI: \_\_\_\_\_

## ***Practitioner Race and Ethnicity***

### **Race and 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.*

#### **Race (Select all that apply):**

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

#### **Ethnicity**

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ Prefer Not to Say

*Providing race, ethnicity and language information on the credentialing application is entirely optional and refusal to provide this information will **not** subject you to adverse treatment. We do not discriminate or base credentialing decisions on an applicant's race, ethnicity, or language.*

*If provided on the credentialing application, the health plan may utilize race, ethnicity and language 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 ethnicity to be displayed in provider directories:** ☐