



Owensboro Community
Health Network

Provider Nomination Form

Owensboro Community Health Network is committed to continuously improving the quality of patient care and serving the community.

A Provider listing is available at www.ochn.net or you can call 270-691-8020 to determine if a provider is participating with OCHN. If a provider is not listed and you would like to have him/her added to our network, please complete the below form and send to OCHN, we will then contact the provider to discuss joining the OCHN network.

A nomination does not guarantee participation in the OCHN network. Providers must go through a credentialing process which can take up to 30 to 60 days from the date a provider application is received from the provider.

Provider Nomination Form *Please complete form and send to OCHN.*

Provider Name: _____ Degree (MD, DO, etc.): _____

Group Name: _____

Office Address: _____ Suite No: _____

City: _____ State: _____ Zip: _____

Phone: _____

Provider Specialty: _____

All Fields must be completed

Mail to : OCHN
PO Box 1595
Owensboro, KY 42301
or Fax to: 270-691-8026