



Contract request form

Note: Completion of this form does not guarantee that you will be awarded a contract. You will receive notification of our decision within 90 calendar days.

Submit completed forms and any questions via email to hhnetworkmanagement@hennepin.us.

Please select the product(s) for which you are requesting a contract:

Hennepin Health-SNBC Hennepin Health-PMAP and Hennepin Health-MNCare

Legal business name *(as appears on W-9)*

DBA name

NPI/UMPI

Website address

Address

City

State

Zip code

Is your organization designated as an Essential Community Provider (ECP)?

No Yes

Please list your provider type, specialty and available services:

Do you have additional locations?

No Yes *(In the space below, list the location name(s) and city they are located in.)*

Languages spoken at your location(s):

Contracting contact *(name, email, phone)*

Date form completed