Provider Nomination Form

care right here

Know a great doc?

If you'd like to nominate your doctor for participation in our network, just fill out the form below.

Keep in mind that submission of this information doesn't guarantee your doctor a spot in our network, or that they'll agree to participate in our network. But we'll certainly try our best! And let your doctor know that you're a member of the **MagnaCare Network** and would like for them to participate.

Provider Name: _____

Group or Practice Name: _____

Address: _____

Phone: _____ Specialty: _____

Please complete your information below.

Your Name: _____

Address: _____

Phone: _____ Employer: _____

May we use your name when contacting the Provider? Yes _____ No _____

You can submit this form by mail to:
MagnaCare
Attn: Recruiting Department
825 East Gate Boulevard
Garden City, NY 11530

By Fax to: 516.228.7293
By E-Mail to: RecruitmentRequests@magnacare.com