

Scripps Health Plan Services  
 10790 Rancho Bernardo Road  
 San Diego, CA 92127  
 Phone: (888) 680-2273  
 Fax: (858) 260-5851

## How to Become a Scripps Health Plan Services (SHPS) Provider

Thank you for your interest in becoming a SHPS provider. Determinations of inclusion in the SHPS network are made by the Medical Director and Network Management Team based on various criteria. This criteria includes, but is not limited to: *office location(s), provider quality data, services offered, number of current in-network providers of similar specialty, provider access to Scripps facilities, Medicare participation, by zip code/current geographic position, and timely access to the proposed service for our SHPS patient population.*

Please submit a letter of interest (LoI) stating why you are interested in working with SHPS, complete the questionnaire below, and return to Provider Relations. Once your documentation is received you will be notified of the determination after it has been reviewed. If approved, we will reach out to you with next steps regarding the SHPS Credentialing and Contracting process.

<b>Billing Entity:</b>	
<b>Tax Identification #:</b>	
<b>National Provider ID#:</b>	
<b>Primary Practice Address:</b>	
<b>Contact Phone &amp; Email:</b>	
<b>Field of Expertise/ Specialty:</b>	
<b>Number of Providers:</b>	
<b>Medicare Certified?:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Service Areas <i>(must be within San Diego County)</i>:</b>	North County <input type="checkbox"/> Central County <input type="checkbox"/> South County <input type="checkbox"/>
<b>Affiliated Medical Group(s) <i>(if applicable)</i>:</b>	
<b>Specific Services Offered:</b>	

<b>Briefly explain why you are an asset to the SHPS Network?</b>	
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Please return completed documents via email: [ProviderRelations@scrippshealth.org](mailto:ProviderRelations@scrippshealth.org)  
 Subject: LoI Questionnaire Form  
 Or via Fax: 858-260-5851, Attn: LoI Department