

## Addendum Recredentialing Application Instructions

### Provider Rights

For information about your provider rights during the credentialing process, please review our Provider Summary Guide, or email us at [NVSierraCred@uhc.com](mailto:NVSierraCred@uhc.com).

- Health Plan of Nevada (Commercial and Medicaid) Provider Summary Guide - <https://healthplanofnevada.com/provider/provider-summary-guide>
- Sierra Health and Life Provider Summary Guide - <https://www.sierrahealthandlife.com/provider/provider-summary-guide>


### Addendum and Recredentialing Submissions

You must have already completed the newest version of the Credentialing Application in the past (please confirm it was the NDOI-901 Rev. 02-25 form). **If you have not, stop and submit the full application.** Incomplete applications will delay processing. so make sure to complete this form in its entirety. It is recommended to complete the application via CAQH or submit via email:


 [NVSierraCred@uhc.com](mailto:NVSierraCred@uhc.com)

### Recredentialing

Have there been any changes to the Uniform Credentialing Form since it was originally submitted?

- If YES, just fill out the portion of NDOI-901 which has changed.
  - Submit to:
    -  [NVSierraCred@uhc.com](mailto:NVSierraCred@uhc.com) (Medical, Dental, and Behavioral)
  - If NO, please attest to this in the separate ADDENDUM only

**For any questions regarding the credentialing process, feel free to contact us at:**

- Email [nvsierracred@uhc.com](mailto:nvsierracred@uhc.com) (preferred)
-  702-242-7758

We appreciate your cooperation and look forward to working with you.

**STATE OF NEVADA**



**DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE**

**UNIFORM CREDENTIALING FORM - ADDENDUM**

**PERSONAL DATA**

1. Name \_\_\_\_\_
2. NPI (National Provider Identifier) \_\_\_\_\_

**ATTESTATION**

I certify that there have been no changes to the Uniform Credentialing Form since it was originally filled out and dated on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date