



Provider Network Expansion Fund Program Application

Please complete the information below to apply for funding from the IEHP Provider Network Expansion Fund Program. Refer to the Program Description of the IEHP Provider Network Expansion Fund Program for information regarding the program. For any questions regarding this program please contact:

Kathryn Yurcak, Business Analyst or Tiffany Pham, Business Analyst

Send completed applications by e-mail to yurcak-k@iehp.org & pham-t2@iehp.org

EMPLOYING/CONTRACTING ENTITY INFORMATION

Entity Name: _____	Contact Person: _____
Entity Address: _____	Contact Phone #: _____
Entity City & Zip: _____	Contact Email: _____
Entity TIN: _____	
Contracted with IEHP: Yes No	

POSITIONS TO BE FUNDED

Have you identified a candidate? **Yes** **No** *If yes, please write their name(s) below and attach a CV. We will NOT accept an application without a CV.*

MID, PCP, or SPEC	Specialty	Name	Practice Address

FUNDING JUSTIFICATION

Please attach a detailed letter providing specific information and data to justify why these positions should be funded, including but not limited to case load of current providers at practice, work schedule/office hours, access times for appointments, etc.