



The KPS Participating Provider network is constantly expanding to meet your needs. If you have a particular healthcare provider you would like us to invite to join our network, please send us the following information. We will do our best to recruit the providers for participation, however we cannot guarantee that we will be successful. Thank you for your assistance and we look forward to serving you.

Requestor's Name: _____

Employer Group: _____

Provider Name: _____ Specialty: _____
Mailing Address: _____ Phone: _____

Provider Name: _____ Specialty: _____
Mailing Address: _____ Phone: _____

Provider Name: _____ Specialty: _____
Mailing Address: _____ Phone: _____

Provider Name: _____ Specialty: _____
Mailing Address: _____ Phone: _____

Provider Name: _____ Specialty: _____
Mailing Address: _____ Phone: _____

Mail to: KPS Provider Relations
P.O. Box 339
Bremerton, WA 98337

Or Fax to: KPS Provider Relations
360-405-9180