Credentialing Application Checklist

IN ORDER TO PROCEED CONTRACT COORDINATORS MUST HAVE THE FOLLOWING COMPLETED DOCUMENTS

If provider is in CAQH please submit per practitioner:

❑ Completed W-9, at least one if all practitioners share same tax ID

❑ CAQH Provider Data Form, FULLY COMPLETED

❑ Schedule C Participating Provider Attestation (in the Agreement/Contract)

❑ Copy of Current General Liability coverage (document showing the amounts and dates of coverage)

Please send all completed materials to:

Fax:	Email:
314-735-4292	**lrossics@TeamCenturion.com**

centurion™

CAQH Provider Data Form

For Credentialing Purposes

Date:	Are you registered with CAQH? Yes No
If Yes, CAQH Provider ID:	Individual NPI:

Last Name:	First Name:	Middle Initial:

Date of Birth:	Social Security:	Medicaid ID #:

Provider Type (MD, DO, PhD, LCSW, LPC, etc.):	Are you a hospital based only provider not practicing in an office setting? Yes No
Tax ID:	Group Billing NPI:

Practice Name:	E-Mail Address:

Primary Office Street Address:	Suite #:

Primary Office City:	State:	County:	Zip:

Primary Telephone:	Primary Fax:

Credentialing Contact Information:

Specialty:	Applying As: ❑ Specialist ❑ Primary Care Physician

If PCP, are you accepting new patients? ❑ Yes ❑ No ❑ Yes, existing patients only	What gender or age restrictions do you have? Gender: ❑ No Restrictions ❑ Female Only ❑ Male Only Age: ❑ No Restrictions ❑ Age Limits: Lowest Age ____ Highest Age ____

Are you board certified? Yes No	If Yes, board name:	Exp. Date:

Please list any medical related organizations you have ownership with, e.g., laboratory, home health agency, radiology facility, mobile testing, MRI, etc.:

If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.

Do you have a CLIA Certificate? Yes No	Do you have a CLIA waiver? Yes No	Type of Service Provided:

Certificate Number: Certificate Expiration Date:	CLIA Name: Tax ID #:

Note: If you have already completed your application with CAQH, please ensure that you have authorized Centurion to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Centurion to your list of authorized plans. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Centurion.