

Provider Network Application Checklist

The following items are required:

- All applicable items on the Application are complete and legible
Please indicate specific services applying for and requested rates, or attach rate sheet if applicable where indicated.
All fields marked required fields (“”) must be completed; if “N/A”, please indicate as such
- Signed and dated Consent and Release of Liability
- Signed and dated [Authorization to Obtain Information & General Release](#)
- Copy of picture Identification
- Written explanations for any privilege, licensure, or malpractice history “Yes” answers
- Copy of Licensure/Certification necessary to support requested services/privileges
- Copies of all professional licenses/certifications for all staff
- Copy of the organization’s Accreditation Certificate and most recent survey report
- Copy of the organization’s Policies & Practices, with corresponding page numbers
- Copy of current Professional/General Liability Policy
- [Federal W-9 Form](#) - Request for Taxpayer Identification Number and Certification
- Disclosure of Ownership & Controlling Interest Statement