



3149 Lackland Road, #104
Fort Worth, TX 76116
817.886.8890 or 866.846.0396

INITIAL CHECKLIST OF REQUIRED DOCUMENTS FOR CREDENTIALING

- Current Copy of all Medical License(s)** *(must show current issue date and expiration date)*
 - o **RN's must have Board Certification**
 - **If not Board Certified when will RN sit for Boards:** _____
- Current Copy of Facility License** *(if applicable)*
- Current Copy of the CLIA Certification** *(if applicable)*
- Current Copy of the Radiation Control Certificate** *(if applicable)*
- Current Copy of Malpractice Declaration page** *(Must show expiration date & coverage amounts)*
- Current Copy of DEA / DPS / CDS License** *(if applicable)*
- Current Copy of Driver's License**
- Individual NPI Number:** _____
- Group NPI Number:** _____ *(if applicable)*
- 6 years of work History** *(must be in MM/YY Format) No gaps greater than 6 months*
 - o ***(to be included in the credentialing application)***
- Signed Network Provider Agreement** *(to be provided by NIHC Group)*
- Signed Financial Disclosure – TX only** *(to be provided by NIHC Group)*
- Current CV** *(Curriculum Vitae)*
- Signed Health Plan Participation List** *(to be provided by NIHC Group)*
- Signed and Completed W-9** *(to be provided by NIHC Group if needed)*
- Completed Standard Credentialing Application**
 - o ***You may print out your CAQH and submit that in place of the Standard Credentialing Application.***
 - *To print off your CAQH application in the correct format; Log into CAQH ProView and go to the "Review" tab. "State Replica" is on the far right side. Please select your state. Select "include supporting documents" then View/Print Replica.*
 - o **If printing CAQH—we must still have current Authorization and Attestation signatures pages** *(to be provided by NIHC Group)*
- CAQH Number** *(if applicable)*
 - o **CAQH ProView user name and password:** _____
 - *This is required for NIHC Group to keep your CAQH current and for NIHC Group to attest on our behalf each quarter.*
- Signed Electronic Data Request** *(to be provided by NIHC Group)*
- Brochure Listing all of your services** *(Required for Home Health) (All other optional)*
- List of your existing Insurance Contracts/Plans to include the effective dates**
 - o *This will assist us in maintaining your existing contracts*
- Voided check for your EFT Deposits from the insurance carriers**
 - ***Some contracts require EFT set up at time of enrollment***
- List ALL names and addresses for individuals, having 5% or greater direct or indirect ownership or a controlling interest in the entity in which you practice. Please indicate the % of ownership.** *(Required information by several Health Plans and requested in CAQH ProView)*
 - o _____
 - o _____
 - o _____

□ If MD or DO please confirm how you want to be listed in the networks:

- **PCP** _____
 - PCP's are required have a Covering Physician. Covering Physician must already be in network
 - Please provide the Covering Physician information to include full name; complete address; phone and fax numbers
- **Specialist** _____
 - Please confirm your Primary Specialty: _____
 - Secondary Specialty: _____
 - **In some cases specialty must be Board Certified in your specialty**
 - **If Board Certified, please provide information**

□ Practice Limitations: Please list any practice limitations, such as age limits, etc.

- _____
- _____

Additional items may be required based on specialty or carrier requirements

Please contact us at 866-846-0396 or Credentiaing@nihcgrp.com if you have any questions and to obtain the additional documents needed for credentialing.

Please return the required items to NIHC Group at:

Email: credentialing@nihcgrp.com OR Fax: 1-866-846-0397

OR

**Mail: NIHC Group
Attn: Credentialing
3149 Lackland Rd., Ste. 104
Fort Worth, TX 76116-4109**