

PROVIDER CREDENTIALING CHECKLIST

To begin the application process, please complete the following: [UPPSA print legend](#)

Provider Last Name:		Provider First Name:		NPI #	
Credentialing Contact: ☐ Yes ☐ No		Credentialing Email:		Credentialing Phone:	
Joining a group practice? ☐ Yes ☐ No		Group Name:		Tax ID:	
CAGE ID #		State License #		Are you enrolled in Medicare? ☐ Yes ☐ No	
Example: SPC PPO ☐ HMO ☐ HMO+ *HMO Counties: Albany, Berne, Brewster, Columbia, Delaware, Dutchess, Fulton, Greene, Rensselaer, Montgomery, Otsego, Schoharie, Seneca, Ulster, Westchester, Warren, Washington, Schenectady, Schoharie, Rensselaer, Sullivan, Hamilton, Herkimer, Saratoga, Dutchess, Sullivan, Warren					
Physician Type: (select one) ☐ PCP ☐ SPECIALIST ☐ DUAL (PCP and SPECIALIST) Dual providers must meet PCP appointment guidelines.					
REQUESTED SPECIALTY as appear in HealthcareSource Directory:					

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To ensure accurate data entry in our studies, directors, please confirm the following facts on each service location from your CACN application:

... ..

- ☐ All on CACM under TSM above (complete section 1 only) ☐ Limited to the following below: (complete section 1 and 2)
If more than 6 locations: (complete section 1 and select two of all service locations on (attached))

SECTION 3: PHYSICIAN LOCATION	
1. Address:	Service Address: ☐ Yes ☐ No Can patients make appointments with you at this address? ☐ Yes ☐ No Should location refer in the directory? ☐ Yes ☐ No
Appointment Plans II:	Are there any age restrictions to your practice? ☐ Yes ☐ No
Age: ☐ 0-24yrs ☐ 25yrs and over 25 ☐ Indicate minimum age _____ Indicate maximum age _____	
☐ (in Office) ☐ Outpatient Hospital ☐ Outpatient Hospital ☐ Outpatient's surgical center	

SECTION 2: ADDITIONAL OFFICES	
3. Address:	Service Address: ☐ Yes ☐ No Can patients make appointments with you at this address? ☐ Yes ☐ No Should location price be the deciding? ☐ Yes ☐ No
Appointment Place 2:	Are there any age restrictions in your practice? ☐ Yes ☐ No
Is different TR, W. Saturday? ☐ Yes ☐ No	TR
Ages: ☐ 0-10yrs ☐ 11yrs and over ☐ Indicate minimum age _____ Indicate maximum age _____ ☐ In-Office ☐ Unattended Reception ☐ Unattended Reception ☐ Receptionist/assistant/parent	

3. Address:	Service Address: ☐ Yes ☐ No
	Can patients make appointments with you at this address? ☐ Yes ☐ No
	Should location print in the directory? ☐ Yes ☐ No
Appointment Phone #	Are there any age restrictions in your practice? ☐ Yes ☐ No
If different TBE, NPI-branch(es)? ☐ Yes ☐ No	TBE:
Ages: ☐ 0-20yrs ☐ 20yrs and over ☐ 00 (Indicate minimum age) ☐ Indicate maximum age _____	
☐ (a. office) ☐ Inpatient hospital ☐ Outpatient hospital ☐ Outpatient surgical center ☐ (a. office) ☐ Inpatient hospital ☐ Outpatient hospital ☐ Outpatient surgical center	

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