

Provider Enrollment Credentialing Checklist

Individual Provider's Information

Add Information Below

Full Name

Specialty

Taxonomy

Date of Birth

Place of Birth (City, State, Country)

SSN

Email Address

Start Date for Practice

NPI 1

NPPES User Name/Password

PTAN

CAQH User Name/Password

Primary Hospital or Admitting

Arrangement (Who will admit patients
on your behalf should the need arise?)

Required Documents

Add Information Below

Current CV (in MM/YY format)

Copy of Medical License

DEA Registration

Malpractice Certificate (for the group
you are joining)

Past Malpractice Carriers (for 5 years)

Board Certificate (s)

Degree & Training Certificates

Practice Agreement (NP & PA)

Group W9

Billing W9 (if using a billing company)

CP575 (IRS document - Medicare Only)

Voided Check or Bank Letter (letter
must include bank name, type of
account, account #, routing #, TIN or
NPI linked to, bank representative
contact info)

Lease Agreement (Medicare Only)

Payment/Remittance Information

Add Information Below

Address

Contact Person & Info

Billing Company

Add Information Below

Company Name

Address

Tax ID

Contact Person & Info

Provider Enrollment Credentialing Checklist

Group Practice Information

Add Information Below

Group Name

Practice Address

Mailing Address

Phone Number

Fax Number

Tax ID

NPI 2

NPPES Username/Password

Name and contact information for Back

Up Provider

Professional References - Disregard if this information is contained in CAQH

Add Name and Phone Number for 3

1

2

3

List insurance carriers you wish for CCVS to process for participation.

Add Information Below

1

2

3

4

5

6

7

8

9

10

