

PROVIDER CONTRACT/CREDENTIAL-RE-CREDENTIAL CHECKLIST

We accept both the LA Standard Application and the CAQH Application. Please see the checklist below of all the necessary information to facilitate the credentialing process.

****MISSING/OUTDATED INFORMATION WILL DELAY THE CREDENTIALING PROCESS****

Provider Name: _____

AE Name: _____

LA Standard Application

CAQH Application (if the following information is not attached to your CAQH application, please include a copy.)

- Completed LA Standard Application with attestation signature **NOT OVER 120 DAYS OLD**
- Copy of Current State Medical License
- Copy of Current Federal DEA License (if applicable)
- Copy of Current State CDS License (if applicable)
- Copy of Declarations Page of Current Malpractice Insurance and Patient Compensation Fund (if applicable)
- Current CV
- Copy of Clinical Laboratory Improvement Amendment (CLIA) Certificate (if applicable)
- Claim Information Form: If you Answered 'yes' to any of the malpractice questions, please complete form or submit a signed written explanation.
- W-9 Form *(not required for recredentialing)*
- Individual NPI#
- Group NPI#
- Collaborative Agreement (Nurse Practitioners & Physician Assistants). **If over 365 days, current attestation required.**
- Nursing Certificate (Nurse Practitioners)
 - Board Certified NP's – Submit NP Certification
 - Non-board – Submit Diploma
- Provider Enrollment Form

- CAQH ID Number
Attestation on CAQH Application **NOT OVER 120 DAYS OLD**
- Copy of Current State Medical License
- Copy of Current Federal DEA License (if applicable)
- Copy of Current State CDS License (if applicable)
- Copy of Declarations Page of Current Malpractice Insurance and Patient Compensation Fund (if applicable)
- Current CV
- Copy of Clinical Laboratory Improvement Amendment (CLIA) Certificate (if applicable)
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