PROVIDER CONTRACT/CREDENTIAL-RECREDENTIAL 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**MISSING/OUTDATED INFORMATION WILL DELAY THE CREDENTIALING PROCESS**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**

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

☐ 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)

☐ 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

Updated: 4/13/2016