

Rill Unique Enterprises Credentialing List

Insurance Carriers: (Please mark each carrier you want to submit a credentialing request to, up to 8 total.)

- | | |
|--|--|
| <input type="checkbox"/> Aetna Health Insurance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> American Specialty Health (ASH) | <input type="checkbox"/> Molina |
| <input type="checkbox"/> American Therapy Administrators LLC (ATA) | <input type="checkbox"/> PacificSource Health Plans |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> Rocky Mountain Health Plans |
| <input type="checkbox"/> CIGNA/Great-West Healthcare | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Compysch | <input type="checkbox"/> United Healthcare/Optum |
| <input type="checkbox"/> Coventry Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Humana | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medica | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medicaid (counts as 2 choices) | <input type="checkbox"/> Other: _____ |

Worker's Compensation Carriers: (Please mark each carrier you want to submit a credentialing request to.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Pinnacol |
| <input type="checkbox"/> Align Networks | <input type="checkbox"/> Summit |
| <input type="checkbox"/> Chartis, Inc. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corvel | <input type="checkbox"/> Other: _____ |

I, _____ (Client, print) choose to be credentialed as:

- ☐ Individual Provider(s); NPI # _____ and / or
- ☐ Group Provider; NPI # _____ (each provider in the group will still require an ind. NPI)

Disclosure: In most cases, the credentialing process with an individual insurance carrier takes approximately 12 weeks, yet in some unique situations; it could take longer. Time extensions are dependent upon the information requested to be contracted with the carrier and the type of services you provide. In the event that the request to contract (credentialed) is denied, we are willing to provide an appeal of the decision based upon the reason for the denial or attempt to become contracted up to two (2) additional times in one year from the date of starting credentialing services with RUE. We may also assist with the re-credentialing process as required on a bi-annual basis by insurance carriers or longer, according to the current pricing structure.

I, _____ (Client, print) have reviewed the information provided above and agree to the carriers selected for credentialing purposes. **I also understand that there are no guarantees of being approved for direct contracting with the carriers and therefore release Rill Unique Enterprises and its employees for any liability of non-acceptance.**

Client

Rill Unique Enterprises, PO Box 31628, Aurora, CO 80041 (05/15)

Date