



CREDENTIALING APPLICATION

Information we will need you to email (customerservice@rilluniqueenterprises.com) or fax back to (877) 440-7731

- 1. Your CAQH provider number (if you've already signed onto the site, we need the username & password)

- 2. Basic Personal Information

Name _____ Phone # _____

Home address _____

Date of Birth _____ Birth City _____ State _____ Country _____

Email address _____

SS# _____ Tax ID# _____ - _____

- 3. Languages Spoken _____

- 4. Drivers License # _____ State _____ Issue Date _____ Exp Date _____

- 5. Professional License # _____ State _____ Issue Date _____ Exp Date _____

- 6. NPI # Individual _____ Group _____

- 7. DEA # if applicable (Please provide copy) _____

- 8. Education and Training (attach a copy of your resume for #8 - #10 & #17)

Medical /Professional school (including address, phone number, start and graduation date and Degree obtained) – *attach a separate sheet if necessary*

Graduate school (including address, phone number, start and graduation date and Degree obtained)

Internships and residencies (including address, phone number, start and stop date and Program Director)



Fellowships and preceptorships (including address, phone number, Program Director)

9. Teaching appointments

10. Specialties and Association/Prof. Org. Cert. (including beginning date and expiration date if applicable)

11. Practice Location Information

Practice name and type _____

Website & Email Address _____

_____ County Location: _____

Address and contact info (please provide both mailing and physical address. May need a copy of your lease agree.)

12. Billing, office manager and credentialing contact (include name, phone number, email address and fax)

13. Services, certifications, limitations and hours of operation for each day



14. Partners and covering colleagues'

15. Hospital Affiliation Information (including address, phone, and percentage of patients you see from Hospital)

16. Malpractice Insurance Information (**Please provide copy of face sheet**)

17. Work History and References (3 professional references with address, phone and degree required)

Any negative's against you, and/or Malpractice History (license ever suspended, revoked, etc) list on separate sheet.

Payment/Credit Card Information

Cash Check Charge

Name on Card: _____ Exp Date: _____

Card#: _____ Security code* _____ MC ___ VISA ___ Amex ___

Billing Address: _____

Signature: _____ **Date:** _____

The charge for processing your credentialing application for the package rate is \$1,175 without an office setup, \$1,125 with office setup if the application is returned within 15 days; \$1,225 without office set up and \$1,175 with office setup if the application is returned within 30 days; and \$1,275 without office set up and \$1,125 with office setup if the application is returned 45 days or longer. Pricing is for the first eight (8) carriers only. Each additional carrier is \$165 each. You will be charged after submitting this application and/or the request to obtain an NPI (if necessary). Obtaining a CAQH provider ID#, if necessary, will be taken care of once the processing fee is completed. Credentialing with each individual insurance carrier may take up to twelve (12) weeks (or longer) each. Credentialing with Medicare and Medicaid may take from 12 to 16 weeks (or longer), depending on the information requested. We will process your information as soon as this form has been received, payment is processed and all information is complete. **THERE IS NO GUARANTEE OF CONTRACTING WITH ANY INSURANCE CARRIER INCLUDING MEDICARE AND MEDICAID. NO REUNDS ALLOWED.**



* The security code is the 3 digit code on the back of the card by the signature panel.