

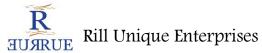
Date

CREDENTIALING APPLICATION

Information we will need you to email (<u>customerservice@rilluniqueenterprises.com</u>) 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 Inform	mation						
	Name Phone #							
	Home address							
	Date of Birth	Birth	City	Sta	ate	_ Country		
	Email address							
	SS#							
3.	Languages Spoken _						_	
4.	Drivers License #		State	Issue Date	Ex	p Date	_	
5.	Professional License	#	State	Issue [Date	Exp Date		
6.	NPI # Individual			Grou	ıp			
7.	DEA # if applicable ((Please provide o	сору)			·····		
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 obtai								
Internships and residencies (including address, phone number, start and stop date and Prog							or)	

R IURRUE	Rill Unique Enterprises	Date
	Fellowships and preceptorships (including address, phone	number, Program Director)
9.	Teaching appointments	
10.	Specialties and Association/Prof. Org. Cert. (including beg	inning date and expiration date if applicable)
11.	Practice Location Information	
	Practice name and type Website & Email Address	
	Co Address <u>and</u> contact info (please provide both mailing and ph	unty Location:
12.	Billing, office manager and credentialing contact (include i	name, phone number, email address and fax)
13.	Services, certifications, limitations and hours of operation	for each day



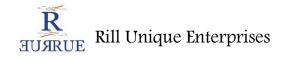
JARUI	E Rill Unique Enterprises		Date	
14.	Partners and covering colleagues'			
15.	Hospital Affiliation Information (including a	address, phone, and percentage	of patients you see	from Hospital)
16.	Malpractice Insurance Information (Please	e provide copy of face sheet)		
17.	Work History and References (3 profession	nal references with address, pho	ne and degree requ	uired)
Any neg	gative's against you, and/or Malpractice Hist	tory (license ever suspended, re	voked, etc) list on s	separate sheet.
Paymer	nt/Credit Card Information	□ Cash	□ Check	□ Charge
Name on Card:		Ex	p Date:	
Card#:		Security code*	_MC VISA _	Amex

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.

Date: _____

Billing Address:

Signature: ___



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