

Credentialing Solutions, Inc.

Your Practice. Our Solution. ®

Please provide the information and or documents for the information listed. If not applicable please write – N/A.

Practitioner: _____ Facility: _____

DOCUMENT	CHECK LIST
Provider's Name:	
Provider's SSN / DOB:	
Medical License:	
DEA License:	
Diplomas: Medical, Internship, Residency and Board Certificate	
NPI Number: Individual and/or Group	Individual: _____ Group: _____
Curriculum Vitae (CV):	
Tax ID (W-9):	
IRS Letter – CP 575:	
Office Address:	
Office Telephone Number / Fax Number	
Contact Person:	
E-mail address:	
Cell Phone:	
Medicare / Medicaid Provider Numbers	
“VOID” Check (for EFT)	
AHCA Level II Background	
Business Owner Name / SSN / DOB	
Facility License / HCCE License	
CAQH Username	
CAQH Password	
Certificate of Insurance – Professional and General Liability :	

Please note the above information and documents are necessary to obtain a Medicare and or Medicaid Provider Number. The allotted time for each provider number may vary.

Telephone: (305) 606-0337
 Web: www.credentialingsolutionsinc.com
 Email: jorge@credentialingsolutionsinc.com

Fax: (305) 466-9543