

Ancillary/Facility Credentialing Checklist



Only complete submissions will be accepted.

Facility Name:

Tax ID Number:

IPA Code:

Facility PRS/CS Credentialing

Ancillary/Facility Providers:

[National Facility General Information Form](#)

Copy of State Facility License (if applicable)

Copy of CLIA (if applicable)

Copy of Current Certificate of Insurance (COI)
(with policy limits)

[W-9](#)

Copy of one of the following:

JCAHO

AAAHC

CARF

CHAP

HFAP

DNV

State Compliance Letter

SNFs only:

CMS Quality Star Rating

CMS Overall Star Rating

Medicare Outpatient Therapy License Number:

Abuse Flag: Yes or No

Health Alliance Use Only:

(USVA, Provider Name, Provider Degree, PRS Name, Clean Application Date)