

Please use this checklist to complete the credentialing process. All items listed below are required for the organizational provider to participate with AmeriHealth Caritas Pennsylvania Community HealthChoices. You should use this checklist as a fax cover sheet. Fax all applicable items on this checklist to the AmeriHealth Caritas Credentialing department at **1-717-651-1673**. Or, you may scan your signed documents and submit them by secure e-mail to: **provider.credentialinghb@amerihealthcaritaspa.com**. Please be sure to scan this checklist and email it with all the documents.

**Please provide the following organizational provider information:**

Legal business name:
Name to appear in directory (doing business as [DBA]):
Taxpayer Identification Number (TIN) ( <b>Note:</b> IRS Form W-9 must match the TIN on the contract signature page):
National Provider Identifier (NPI) (if applicable):
Medicaid ID number with location extension:
Medicare ID number:

**Please complete this checklist and include the following documentation in order to initiate credentialing and contracting:**

- Facility application (completed, signed, and dated). Please complete a separate application for each licensed location. Branches may be submitted on the application with the parent location.
- Signed contract with all pages. Must complete notification page (15) and signature page (17) to be valid. Please note: Complete contract is required to initiate credentialing process.**
- IRS Form W-9.
- State-required operating documents:
  - State license.
  - Business permit.
  - Occupational permit or license.
  - Medical gases permit.
  - Any other state-required operating documents not listed above.
- Accreditation/certification or Centers for Medicare & Medicaid Services (CMS) state survey or site evaluation with Corrective Action Plan (CAP) if citations were issued.
- Drug Enforcement Administration (DEA) registration certificate (if applicable). DEA registration must have the state in which the practitioner is rendering services to our members.
- Controlled Dangerous Substances (CDS) certificate (if applicable).
- Medicaid provider enrollment number (if applicable). We must have your PROMISE™ Provider Identification Number (PPID) or proof that you have submitted an application. For applications in process with the Department of Human Services (DHS), please submit a copy of the first page and signature page of the application you submitted.
- Malpractice insurance policy face sheet showing expiration date and limits of liability. This document must be current.
- Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
- Organizational office hours (must be completed on the application).
- Ownership disclosure (if available).
- Please indicate "N/A" in any section that does not apply to your organizational application.
- Staffing form (if applicable).

**To check the status of your application, or if you have questions or concerns about this process, please contact the AmeriHealth Caritas Credentialing department at [provider.credentialinghb@amerihealthcaritaspa.com](mailto:provider.credentialinghb@amerihealthcaritaspa.com). Please include organizational provider name, TIN, and NPI to expedite inquiries.**