APPLICATION-CREDENTIALING REQUIREMENTS CHECKLIST

The following is a checklist to facilitate a successful application process with QualCare, Inc. Simply review each listed requirement and place a check mark next to each completed item. When all requirements are completed, please return to the address below.

QualCare, Inc.
Attn: Credentialing Department
30 Knightsbridge Road
Piscataway, NJ 08854

NOTE: Incomplete applications will be returned.

_____ COMPLETED application, SIGNED AND DATED*. If you have CAQH ID #, there is no need to complete QualCare’s application.

_____ CURRENT Curriculum Vitae/Work History (Must include Month/Year). If gap exceeds 6 months, please include an explanation.

_____ CURRENT Copy of State License(s).

_____ CURRENT Copy of DEA Certificate.

_____ CURRENT Copy of CDS Certificate (if applicable).

_____ CURRENT Copy of Malpractice Insurance Face Sheet

_____ Written explanation of any Malpractice occurrences within the last 5 years.

_____ Copy of Board Certification Letter verifying Board eligibility.

_____ Completed W-9 Form for each tax identification number.

_____ Statement of Collaboration, if applicable.

_____ Sub-Specialty documentation (if applicable),

_____ Signed and dated Provider Network Participation Agreement and applicable addendums (2 original copies of each)

If you have any questions during this process, please call Provider Relations at 800-992-6613, Ext. 7830.

*Please note signatures must be less than 180 days from the date of receipt at QualCare.