

Instructions for Applications for Network Participation

Submission of incomplete Applications will delay the Credentialing Process

I. If you are using the CAQH Universal Provider Application please complete and provide items 1-5

- 1. Completed CAQH Form
- 2. Two (2) original signed QualCare Provider Network Participation Agreements
- 3. Two (2) original signed and dated HMO/POS Network Addendums
- 4. Two (2) original signed and dated Workers' Compensation Product Addendums
 - (There will be a total of six (6) signed documents) (2 agreements, and 4 addendums)
- 5. Completed and signed W-9 form for each tax identification number

II. If you are <u>not</u> using the CAQH Universal Provider Application, in addition to the above please also complete / provide the following

- 1. A completed QualCare Provider Application or N.J. Universal Physician Application
- 2. Current copy of State license
- 3. Current Copy of CDS Certificate
- 4. Current Copy of DEA Certificate for the state in which you practice
- 5. Current copy of Malpractice Insurance Face Sheet (a minimum of \$1 Million per occurrence and \$3 Million aggregate is required)
- 6. Current Curriculum Vitae/Work History (must include month/year)
 - a. If a gap includes 6 months, please include an explanation
- 7. Copy of Board Certification Letter verifying Board eligibility

III. Physicians with NO hospital privileges at a QualCare Participating Hospital

- Complete a Hospital Coverage Letter Only applicable if no hospital privileges at a QualCare participating hospital. Both the covering physician and the applying physician must sign and date the form.
 - a. See a list of participating hospitals at: under the Provider Portal/Hospital Directory tab on <u>www.qualcareinc.com</u>

IV. Nurse Practitioners/Nurse Midwives/Physician Assistants

1. Complete the Statement of Collaboration Form

Email to: gccredentialing@qualcareinc.com

OR

Fax to: 732-562-7868