



**CREDENTIALING APPLICATION**

**Information we will need you to email ([customerservice@rilluniqueenterprises.com](mailto:customerservice@rilluniqueenterprises.com)) or fax back to (720) 836-3363**

- 1. Your CAQH provider number (if you've already signed onto the site, we need the username & password)

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- 2. Basic Personal Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Home address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Email address \_\_\_\_\_

SS# \_\_\_\_\_ Tax ID# \_\_\_\_\_ - \_\_\_\_\_

- 3. Languages Spoken \_\_\_\_\_

- 4. Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

- 5. Professional License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

- 6. NPI # Individual \_\_\_\_\_ Group \_\_\_\_\_

- 7. DEA # if applicable (Please provide copy) \_\_\_\_\_

- 8. Education and Training (attach a copy of your resume for #8 - #10 & #17)

Medical /Professional school (including address, phone number, start and graduation date and Degree obtained) – *attach a separate sheet if necessary*

\_\_\_\_\_  
\_\_\_\_\_

Graduate school (including address, phone number, start and graduation date and Degree obtained)

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Internships and residencies (including address, phone number, start and stop date and Program Director)

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Fellowships and preceptorships (including address, phone number, Program Directo)

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9. Teaching appointments

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10. Specialties and Association/Board Certification (including beginning date and expiration date if applicable)

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11. Practice Location Information

Practice name and type \_\_\_\_\_

Website & Email Address \_\_\_\_\_

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Address and contact info (please provide both mailing and physical address. May need a copy of your lease agree.)

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12. Billing, office manager and credentialing contact (include name, phone number, email address and fax)

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13. Services, certifications, limitations and hours of operation for each day

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14. Partners and covering colleagues'

\_\_\_\_\_  
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15. Hospital Affiliation Information (including address, phone, and percentage of patients you see from Hospital)

\_\_\_\_\_  
\_\_\_\_\_

16. Malpractice Insurance Information (**Please provide copy of face sheet**)

\_\_\_\_\_

17. Work History and References (3 professional references with address, phone and degree required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any negative's against you, and/or Malpractice History (license ever suspended, revoked, etc) list on separate sheet.

**Payment/Credit Card Information**

Cash       Check       Charge

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card#: \_\_\_\_\_ Security code\* \_\_\_\_\_ MC \_\_\_ VISA \_\_\_ Amex \_\_\_

Billing Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The charge for processing your credentialing application is \$425 without an office setup, \$350 with office setup if the application is submitted within 15 days, \$375 with office setup if the application is submitted within 30 days and \$400 with office setup if the application is submitted 45 days or longer. You will be charged after submittance of this application and/or the request to obtain an NPI (if necessary). Obtaining a CAQH provider ID# to facilitate the process can take up to two months (if obtainable). Credentialing with each individual insurance carrier may take up to eight (8) weeks each. Credentialing with Medicare and Medicaid may take from eight (8) to twelve (12) weeks, depending on the information requested. We will process your information as soon as this form has been received and all information is complete. THERE IS NO GUARANTEE OF CONTRACTING WITH ANY INSURANCE CARRIER INCLUDING MEDICARE AND MEDICAID.

\* The security code is the 3 digit code on the back of the card by the signature panel.