



P.O. Box 969

Lilburn, GA 30048

Phone: 770-455-0040

Toll Free: 1-888-635-0459

Fax: 678-990-1124

NAME: _____ PHONE: _____ FAX: _____

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

____ STATE UNIFORM MANAGED CARE PRACTITIONER CREDENTIALS UPDATE FORM *CAQH printout can replace State Application.

____ PROVIDER INFORMATION FORM

____ LOCATION INFORMATION UPDATE FORM

____ RELEASE AUTHORIZATION

____ I-AHC PROVIDER AGREEMENT (14 pages) – Signature page 14

____ I-AHC BUSINESS ASSOCIATE AGREEMENT (6 pages) – Signature page 6

____ COPY OF CURRENT STATE LICENSE (with expiration date)

____ NPI NUMBERS – INDIVIDUAL: _____ BUSINESS: _____

____ COPY OF CURRENT MALPRACTICE COVERAGE (1M/3M and NOT expired)

____ CERTIFICATE HOLDER REQUEST FORM – Please send this directly to your Malpractice Insurance carrier.

____ COPY OF CURRENT LIABILITY INSURANCE (valid insurance on building)

____ W-9 - COMPLETED AND SIGNED

____ CMS WORKSHEET – (SC Only)

____ E-MAIL _____

____ Are you enrolled in OFFICE ALLY'S FREE EDI - YES or NO. If not, please download the necessary forms from our website and enroll.

All re-credentialing forms can be found at **WWW.I-AHC.NET**