

PROVIDER INFORMATION

First, Middle, Last Name _____

Address: _____ City: _____ State: _____

Address 2: _____ City: _____ State: _____

Office #: _____ Cell #: _____ Email: _____

DOB: _____ SSN: _____ NPI#: _____

Specialty Manager: _____ Group NPI#: _____

Clearinghouse Login: _____ Clearinghouse PW: _____

CAQH Login: _____ CAQH Password: _____

ALL ITEMS LISTED BELOW SHOULD BE SUBMITTED TO QUICK CLAIMERS AS A COMPLETE PACKET

Practice Name: _____

Legal Name as it appears on W-9

PERSONAL DOCUMENTS

- Curriculum Vitae (copy)
- Texas Medical Board License (copy)
- Driver's License (copy)
- Social Security Card (copy)
- Individual NPI
- Texas Standardized Credentialing Application (attached)
- Passport Style Photo
- Drug Enforcement Administration Certificate (copy)
- ECFMG Certificate (if applicable)
- Three (3) Peer References

SPECIALTY DOCUMENTS

- Medical Degree (copy)
- Residency Training Certificate (copy)
- Internship Training Certificate (copy)
- Specialty Board Certificate (copy)
- Procedure Log (Residency, Prior Facilities)
- CME's (copy)
- Other Certificates

CORPORATE DOCUMENTS

- Articles of Incorporation
- IRS CP 575 A Letter
- W-9 (copy)
- Business Bank Account
- Group NPI (if applicable)
- Sample Superbill/ Encounter Form
- Preload Packet (included)
- Voided Check
- EOB's (MCR, MCD, etc...)
- Liability Insurance
- Blank Letterhead