



Request to MSO for Credentialing & Re-Credentialing
provider does NOT participate with CAQH

CREDENTIALING			
Credentialing Track		Routine	Urgent
Credentialing		Initial	Re-Cred
PROVIDER INFORMATION			
Provider Name	First name	Last name	
ATTACHED	COMMENTS	CHECKS	
TX Standard Credentialing Application	Reviewed for missing items	Yes	No
Curriculum Vitae	Any work history gaps of > 6 months	Yes	No
Does malpractice claims exist? If malpractice claim history exists, then ask provider to attach a description of the event if not described in TSCA. (Reference page 20, attachment G of TSCA.)		Yes	No
		Expiration within 3 months of Request for Credentialing?	
TX Practitioner Rights	Signed & dated	Yes	No
DEA Certificate		Yes	No
Malpractice Insurance Binder		Yes	No
TX Medical License		Yes	No
American Board Certificate (if applies)		Yes	No
Provider Participation Agreement attached	Signed & dated	Yes	No
W9		Yes	No
Provider Request for Application attached		Yes	No
Hospital Affiliation Letter attached? If provider does not have admitting privilege, submit on letter what arrangements provider has for inpatient admission (ie. admit patients to Johns Hospita and admitting provider is hospitalist for Hospital). (Reference page 4 of TSCA.)		Yes	No
SUBMITTED BY			
Note			
Hold application if Date of Expiration is < 01 months; Submit when document is updated			