



Practitioner Application Instructions

Please read and follow these instructions carefully as the following criteria constitute a complete credentialing application. Use only black or blue ink and print your responses. The application must be complete and be accompanied by all requested materials. Do not alter the agreement in any way. (You may, however, include additional sheets to report the requested information.) Incomplete or altered agreements will be returned to you and delay processing.

Contract - Indicate how you are applying to join our networks. If you are part of a group practice that has an existing contract with MultiPlan, please include the group name and MultiPlan contract ID number.

Indicative - Provide your name as it appears on your professional license.

Degree - Indicate only the highest degree that you hold. The degree you indicate here will determine how you are listed in our provider directories, unless you request otherwise, consistent with your credentials.

Affiliations - MD, DO, Hospital Based and Certified Nurse Midwife providers must have admitting privileges at a MultiPlan participating facility to become a MultiPlan participating provider. Applications missing this information will be returned to you.

Certifications - If you are an MD, DO, DMD, DDS or DPM, you must complete the Specialty Section. We also must receive your Board Specialty and date of certification – including a copy of your board certificate. If you are not an MD, DO, DMD, DDS or DPM, you must complete the Clinical Practice section. If you are a behavioral health provider, you may indicate up to three areas for which you have additional training and a minimum of two years postgraduate experience.

Professional History – You must complete the Education Section. Indicate the name of the college, graduate or medical school that corresponds with the degree indicated above. Include the name of the institution along with the city, state and country. You must also indicate the degree awarded and the years you attended. If you are an MD, DO, DMD, DDS or DPM, you must complete the Training Section. Include the specialty along with the facility name and location. Attendance dates are also required.

Languages - Providing us with additional languages that you speak will assist us in member referrals.

Insurance – The name of your professional liability (malpractice) insurance carrier is required, as well as the occurrence and aggregate levels of insurance, policy numbers and the expiration date of your policies. We also require a copy of your current insurance face sheet. If you participate in a state funded insurance plan, you must also enclose proof of participation along with your professional liability insurance face sheet.

Registration - In the License Section, list your current professional licenses as well as any previous professional licenses. We require the state, license number, license type and expiration date for each. In the DEA Certification Section, provide your DEA Certificate number and expiration date. If you do not administer or prescribe controlled substances and do not have a DEA number, please indicate as such. Include copies of your current licenses and your DEA certificate.

Addresses - Provide information for all addresses at which you provide care, indicating the type of address (i.e., Payment, Practice or Mailing). A complete address includes the street address, city, state, zip + 4 code and telephone number. Include a telephone number for appointments as well as one for billing, if different. A PO Box may not be used as a practice address. Please include a contact name and telephone number in case we have questions about your application.

Tax Information - Provide information for all tax identification numbers under which you bill. We also request that you indicate your tax identification name and number. You must be the owner of the tax identification number under which you are billing. If you are not the owner, a letter from the owner must be included, authorizing you to use the tax identification number.

History - Provide the last five years of your employment/professional history including the position, facility, city, state, and dates of employment, including month and year. An explanation of any gap in your work history that is six months or greater must also be included with your application.

Professional Questions - We require that all questions in this section be answered including a detailed description of all relevant facts. If you answered any questions positively, a detailed explanation is required.

Attestation/Release - Your signature, printed name and the date you signed the application are required. We must receive your application within 30 days of the signature date.