

Provider Data Record

Please enclose the listed credentialing information with this completed and signed form.

If you are a member of CAQH and would like us to use that application, please provide us with your CAQH ID and any of the information listed below that is not already attached to your CAQH application.

Missing information will delay the credentialing process.

- Completed SC Uniform Managed Care Provider Credentialing Application OR CAQH ID number: _____
- Copy of current state medical license
- Copy of current federal DEA license
- Copy of current state DEA license
- Copy of declarations page of current malpractice insurance and patient compensation fund receipt acknowledgement (if applicable)
- Current curriculum vitae indicating work history for the past 5 years
- Copy of clinical laboratory improvement amendment certificate (CLIA), if applicable
- Release of information form
- Claim information form: if you answered "yes" to any of the malpractice questions, please complete this form or submit a signed written explanation
- Hold Harmless Agreement (SCID 505)
- W-9 form
- Signed Provider Participation Agreement, all providers
- NPI number, please complete on page 1 of Credentialing Application
- Provider Race, Ethnicity and Language Data form

Printed name: _____

Signature: _____