



ORGANIZATIONAL/FACILITY CREDENTIALING APPLICATION CHECKLIST

IMPORTANT:

PLEASE UTILIZE THIS CHECKLIST TO ASSIST WITH COMPLETING YOUR APPLICATION. BE SURE TO PROVIDE CURRENT COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION.

- Copy of current state license (**If applicable**);
- JCAHO (or other) accreditation notice (**If applicable**);
Note: If your facility is not accredited, a site visit will be required prior to credentialing
- Certificate of accreditation (**REQUIRED for Sleep Centers**);
- Copy of current DEA certificate (**If Applicable**);
- Include explanation of any pending or settled malpractice cases within the last five years (**REQUIRED**);
- Organization's Quality Improvement Plan (**REQUIRED**);
- Staff Roster – licensed personnel only, to include titles and license numbers (**REQUIRED**);
- Current CLIA certificate for each practice location (**If applicable**);
- Certificate of Rehabilitation Engineering and Assistive Technology Society of North America (**RESNA**) or Certificate of National Registry of Rehabilitation Technology Suppliers (NRRTS) (**REQUIRED if DME wheeled mobility provider**);
- Current TDH Radiology (**X-Ray included**) certificate for each practice location (**if applicable**);
- Evidence of Texas Mental Health and Mental Retardation certification (**REQUIRED for Community Mental Health Centers**);
- Evidence of Medicare certification (**REQUIRED for institutional centers**);
- Current copy of malpractice insurance face sheet (**REQUIRED**);
- National Provider Identifier (NPI) Number (**REQUIRED**);
- Current copy of W-9 (**REQUIRED**) *Must reflect exact "bill pay to";
- Texas Provider Identifier (TPI) Number (**REQUIRED**);
- Signed and dated attestation on last page of application (**REQUIRED**)

NOTE: AN APPLICATION CANNOT BE PROCESSED IF FIELDS ARE LEFT BLANK; PLEASE USE "N/A" IF NOT APPLICABLE.

APPLICATION CAN BE MAILED, EMAIL OR HAND DELIVERED. MAIL TO:

*El Paso Health
PO Box 971100 El Paso, TX
79997-1100*

Please call 915 532-3778 for email and physical address. Sorry faxes are not accepted.

Completion of this application does not constitute approval or acceptance of participating status in El Paso Health.