

# Application Checklist for Facilities



Please use the following checklist to complete the credentialing process. Current copies of all items listed below are required for each facility to participate with AmeriHealth Caritas Louisiana.

Use this Application Checklist as a fax cover sheet. Fax all applicable items on the checklist to the Network department at **1-225-300-9126**, or signed documents may be scanned and submitted by secure e-mail to **network@amerihealthcaritasla.com**. Please ensure this checklist is submitted with the documents.

Please provide AmeriHealth Caritas Louisiana with the following:

Facility information	
Legal business name:	Facility Tax ID Number (TIN):
Facility name to appear in directory (DBA):	
Facility NPI number: (Please list all NPI numbers. Attach additional sheet if needed.)	
Medicaid ID number:	Facility type:
Taxonomy:	Health system affiliation:
County/parish:	Fax number:
Hours of operation:	Remit address:
Remit phone number:	Remit fax number:
Credentialing contact name:	
Credentialing contact email address:	Credentialing contact phone number:

**Please provide current copies of the following supporting documents (Do not submit until all documents are current.):**

Facility credentialing application (completed, signed, and dated within the last 120 days). **Application for new credentialing only. For recredentialing, please complete this checklist and include all below applicable documents.**

State license (applicable to state requirements)

- State license
- Business permit
- Occupational license
- Medical gases permit

Accreditation, Certification, or Centers for Medicare & Medicaid Services (CMS) State Survey or Site Evaluation

- Note: Any hospital or ancillary facility that is not accredited requires a CMS State Survey or Plan Site Evaluation.

Declarations page of malpractice insurance policy and Patient Compensation Fund certificate showing expiration dates and limits of liability

Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable)

Medicare/Medicaid certification (If not certified, provide proof of participation.)

W-9 form

Ownership Disclosure

To check the status of your application or if you have any questions or concerns regarding this process, please contact the AmeriHealth Caritas Louisiana Credentialing Department at **1-888-913-0349**.

If you are new to AmeriHealth Caritas Louisiana and you or your group does not have a provider contract, you must first call **1-877-588-2248** to discuss obtaining an AmeriHealth Caritas Louisiana Provider Agreement.