



MOUNT CARMEL
Health Partners, Inc.

INITIAL CREDENTIALING CHECKLIST

You must include the following for application to Health Partners
(Please use this checklist as a guide):

Send all documents to:
Mount Carmel Health Partners 3rd floor
Kristi McVay
6150 E. Broad St.
Columbus, OH 43213

Phone 614-546-4264
Fax number 614-546-4261
kmcvay@mchs.com

- Health Partners Consent & Release form signed **AND** dated
- Entire CAQH Application current and complete
(CAQH “data summary” is not accepted)
- Copy of current Curricula Vita (Résumé), including work history. **(Not accepted as a substitute for completion of CAQH.)**
- Copy of current State License(s)
- Copy of current DEA Registration
- Copy of current professional liability face sheet; showing expiration dates, limits and provider’s name
- Copy of Board Certification certificate
- Copy of ECFMG certificate, if a foreign medical school graduate
- Copy of current W9 for verification of each tax ID number used
- Two** signed and dated Physician Services Agreements (PSA)
- Medicare HMO Addendum
- Signed Subscription Agreement with payment