



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. Rm EE377
Columbus, OH 43213

- Health Partners Consent & Release form signed **AND** dated
- CAQH Application current and complete
**(ODI Form no longer accepted in accordance with H.B. 125
The Healthcare Simplification Act. CAQH application
summaries are not acceptable)**
- Copy of current Curriculum Vitae, 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, if applicable
- Copy of ECFMG certificate, if a foreign medical school
graduate
- Copy of current W9 for verification of each tax ID number
used
- Signed Subscription Agreement with payment
- Signed Physician Services Agreement (PSA)
- Signed Medicare HMO Addendum
- Signed MediGold Accept/Reject form