

Credentialing Application Checklist: Durable Medical Equipment

Please use this checklist as a guide when completing the requirements to become a participating provider with CarePartners of Connecticut. For questions, please contact the CarePartners of Connecticut Allied Health Contracting Department at 844.276.5314.

Please email the documents to AlliedContracting@tufts-health.com or fax to 617.673.0909.

To facilitate review of your application, please return all materials together.

Application Checklist

- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#) (payment purposes)
- A completed [durable medical equipment questionnaire](#)
- Evidence of Medicare supplier or certification number; for example, a Medicare award letter
- A facility accreditation certificate(s) for each location
- Clinician certificates, if applicable
- A copy of the current professional liability insurance binder with all practice sites listed showing coverage at the \$1,000,000 per incident and \$3,000,000 aggregate per year levels
- A copy for all practice sites of current general liability insurance—including, but not limited to, claims for bodily injury, property damage, and legal liability on the insured's premises—showing coverage at the \$1,000,000 per incident and \$3,000,000 aggregate per year levels
- A copy of general liability insurance—including products/completed operations—if the provider is a manufacturer of equipment, showing coverage at the \$5,000,000 per incident and \$5,000,000 aggregate per year levels
- Articles of organization
- The most recent audited financial statement