

Credentialing Application Checklist: Orthotics and Prosthetics

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)
- ☐ Proof of Medicare participation; for example, a Medicare award letter
- ☐ Facility accreditation certificate(s)
- ☐ Clinician certificate(s)
- ☐ Patient/caregiver education materials, if applicable
- ☐ A copy of general liability insurance showing coverage at the \$1,000,000 per incident level and \$1,000,000 in the aggregate level
- ☐ A copy of professional liability insurance showing coverage at the \$1,000,000 per incident level and \$3,000,000 in the aggregate level
- ☐ The articles of organization
- ☐ The organization chart
- ☐ A copy of the facility's patient privacy notice