

## **Credentialing Application Checklist: Inpatient and Outpatient Rehabilitation**

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](mailto: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)
- State License number
- Medicare participation number
- Name, address and coverage amounts of professional liability insurance (\$1M/\$3M coverage)
- Name of accrediting agency (e.g., Joint Commission, Det Norsk Veritas, CLIA)
- If not accredited, a copy of most recent state survey (must be within the past three years)