



Instructions for Application for Network Participation

Submission of Incomplete Application will delay Credentialing Process

- I. If you are using the *CAQH Universal Provider Application* to make information available for credentialing please complete or provide Items #1 thru #5
 1. Page 1 of the QualCare **Application for Network Participation** with CAQH ID Number.
 2. Two (2) original Signed Agreements
Sign and date the **Provider Network Participation Agreement**.
Check off appropriate products (PPO, HMO/POS, Worker's Comp)
 3. Two (2) original signed and dated **HMO/POS Network Addendums**.
 4. Two (2) original signed and dated **Workers' Compensation Product Addendum**.
(There will be a Total of six (6) Signed Documents)
(2 Agreements and 4 Addendums)
 5. Completed and signed W-9 form for each tax identification number

- II. If you are ***not*** using the **CAQH Universal Provider Application** ***in addition to the above*** please also complete/provide the following
 6. A completed QualCare Provider Application or N.J. Universal Physician Application.
 7. Current copy of State License
 8. Current copy CDS certificate
 9. Current copy DEA certificate for the state in which you practice.
 10. Current copy of Malpractice Insurance Face sheet. (A minimum of \$1 million per occurrence and \$3 million aggregate is required).
 11. Current Curriculum Vitae/Work History (must include Month/Year)
If gap exceeds 6 months, please include an explanation.
 12. Copy of Board Certification Letter verifying Board eligibility



III. Physicians with no hospital privileges at a QualCare Participating Hospital

1. Complete Hospital Coverage Letter – **Only applicable** If no hospital privileges at a QualCare participating hospital. Both covering physician and applying physician must sign and date form. See list of participating hospitals at:

https://www.qualcareinc.com/Providers/providers_Hospital.aspx

IV. Nurse Practitioners/Nurse Midwives/Physician Assistants

1. Complete the Statement of Collaboration Form

EMAIL TO: qccredentialing@qualcareinc.com

OR

FAX TO: 732-562-7868

OR

MAIL TO:

**QualCare Inc.
Credentialing Department
30 Knightsbridge Road
Piscataway, NJ 08854**