



PERSONAL INFORMATION

Employee Name:

Street Address: Last First M.I.

City: _____ State: _____ Zip: _____

Home phone: _____

Cell: _____ Personal email: _____

SSN: _____ - _____ - _____

Birth Date: _____ Driver's License #: _____ NPI: _____

Marital Status: _____ Spouse's Name: _____ Cell: _____

Spouse's Employer: _____ Spouse's work phone: _____

JOB INFORMATION

Position hired for: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Start Date: _____ Salary/Rate: _____ License #: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship to Employee: _____

Cell Phone: _____ Alternate Phone: _____

Admin-Within one week of accepted offer:

Date offer accepted: _____

Salary/Rate: _____ Relocation: _____

EMPLOYEE FILE/NOTEBOOK STARTED

- Welcome Email sent by Holly requesting: Date: _____ Initials: _____
 - License
 - NPI
 - CAQH
 - Uniform Application with prefilled & blank attestations, Tricare attestation
 - Benefit paperwork instructions sent _____
- Background check submitted by Holly Date: _____ Initials: _____
- OIG background check submitted by Holly: Date: _____ Initials: _____
 - Case Number: _____

Technology:

- Email account set-up by Kim: Date: _____ Initials: _____
 - assigned: _____@coastaltherapypartners.com
- Laptop Assigned (if applicable) by Kim: Date: _____ Initials: _____
 - Make/model _____
 - ID: _____
- Practice Perfect login assigned by Kim: Date: _____ Initials: _____
 - Login: _____ Temp Password: _____

Credentialing - Begins when uniform received (Holly & Alyson):

- Practicing License Number: _____ Expiration Date: _____ Discipline: _____
- NPI Registration Print out. Number: _____
- Taxonomy Code: _____
 - Matches Medicaid: _____
- Uniform Provider Application received. Date: _____ Initials: _____
- Added to Mercer Liability one week prior to start by Holly Date: _____ Initials: _____

- CAQH account established. Login: _____ (lastnameinitial)
 Password: _____ (last ctg(4 SSN)(0) _Date: _____
 Initials: _____
- CAQH completed: Date: _____ Initials: _____
 - License
 - Liability Insurance
 - Attestations for all private insurances and Tricare
- Medicaid Submitted by Holly. Date: _____ Initials: _____
 Does therapist need affiliation with UCP _____
- Medcost Submitted. Date: _____ Initials: _____
- BCBS Submitted. Date: _____ Initials: _____
- BCBS Networking Provider Applications completed: Date: _____
 Initials: _____
- Doctor's Direct if applied: Date: _____ Initials: _____ DD Check
 sent: _____
- Cigna: Date: _____ Initials: _____
- Tricare: Date: _____ Initials: _____
- Aetna: Date: _____ Initials: _____
- Optum: Date: _____ Initials: _____
- Other Insurances: _____
- Entered taxonomy under Billing #'s tab
 - (Under Billing #'s tab, scroll down to Medicaid-EDS and enter provider
 taxonomy under HCFA 24J (upper); enter provider NPI under HCFA 24J
 (lower); enter practice taxonomy () under HCFA Box 33B.)
- All information entered in to Clinic Source: Date: _____
 Initials: _____

<input type="checkbox"/> -CAQH #	<input type="checkbox"/> NPI
<input type="checkbox"/> Personal information and emergency contact	<input type="checkbox"/> Taxonomy
	<input type="checkbox"/> Hire Date

Orientation-First Day of Employment (Kim, Alyson, & Jeanette/Alex):

- Driver's License
- Social Security Card
- Resume/References
- Picture for Badge/Website taken
- Bio/pic for Website emailed to Alyson

- Copy of Professional/Therapist License scanned in to Clinic Source: Date:_____ Initials:_____
- Signature. Emailed to therapist: Date:_____ Initials:_____
- Computer Contract/Computer Internet Policy signed
- Coastal Speech Center Policy and Procedure Manual/Non-Disclosure/Confidentiality
- HIPPA Confidentiality Agreement Form
- Keys Provided at orientation: Date:_____ Initials:_____

- Alarm code Provided: Date:_____ Initials:_____
 - Alarm walk through on site scheduled: Date:_____ with whom?_____
- Walk through of facility/clinic-show where supplies, testing material, etc.
- Review of company structure

Payroll:

- Non-Federal Direct Deposit Request Form completed and given to Holly: Date:_____ Initials:_____
- Direct Deposit Declination (if not doing direct deposit)
- I-9

Tax Forms:

- W-4
- NC-4
- The above forms sent to Payroll company: Date:_____ Initials:_____
- Employee added to portal for payroll: Date:_____ Initials:_____
 - Payroll number:_____

Employee Benefits Provided:

- UHC Insurance Application sent: Date:_____ Initials:_____
- Simple /401k Plan Application sent: Date:_____ Initials:_____
- Policy and Procedures/Dress code given
- Short-Term Disability
 - Requested
 - Declined
- Long Term Disability
 - Requested
 - Declined

Therapist Only Forms

CDSA Forms:

- Background Check form
- Provider Roster
- CDSA Confidentiality Form
- Forms faxed to CDSA Fayetteville Date:_____ Initials:_____

OTHER THERAPIST FORMS:

- Employment Agreement /Confidentiality Contract and Non-Compete Agreement
 - Electronic Signature Policy Acknowledgement Form
 - Monthly Progress Notes Policy Form
 - SLP-A Forms (if applicable) filed in
 - CFY Forms (if applicable)
 - COTA Forms (if applicable)
 - PTA Forms (if applicable)
 - Alyson Sends “Welcome” information and pic of new employees by email to employees and Facebook
 - Badge completed and given to employee. Date:_____ Initials:_____
 - Person assigned to introduce at contract site: _____
 - Employee Birthday added to Birthday List. Date:_____ Initials:_____
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