



Credentialing & Payer Enrollment Readiness

Provider onboarding • Payer participation checklist

Complete this checklist using information available to your organization. Do not include patient PHI or credentials.

01 PROVIDER / ORGANIZATION DETAILS

Practice / legal entity name

Primary contact

Provider name / credentials

Individual / group NPI

02 REQUIRED ENROLLMENT MATERIALS

MEASURE / REVIEW AREA	CURRENT STATUS	ACTION / OWNER
Active state professional license	☐ Yes ☐ No ☐ N/A	_____
NPI / taxonomy information confirmed	☐ Yes ☐ No ☐ N/A	_____
CAQH profile complete and attested	☐ Yes ☐ No ☐ N/A	_____
Current malpractice coverage	☐ Yes ☐ No ☐ N/A	_____
W-9 / legal business and tax details	☐ Yes ☐ No ☐ N/A	_____
Practice locations and service addresses	☐ Yes ☐ No ☐ N/A	_____
Ownership / managing employee details	☐ Yes ☐ No ☐ N/A	_____
DEA registration (when applicable)	☐ Yes ☐ No ☐ N/A	_____
Medicare / Medicaid enrollment status	☐ Yes ☐ No ☐ N/A	_____
Commercial payer roster and contracts	☐ Yes ☐ No ☐ N/A	_____

03 ENROLLMENT SUPPORT REQUESTED

- ☐ New provider enrollment ☐ Group / practice enrollment
- ☐ Recredentialing / revalidation ☐ Payer roster maintenance
- ☐ Demographic changes ☐ Application status follow-up

04 PAYER & TIMELINE DETAILS

Priority payer(s)

Target effective date

Current enrollment obstacle

Responsible practice contact

05 DOCUMENT HANDLING & NEXT STEPS

Do not attach licenses, tax forms, IDs, banking records, or provider identifiers beyond the fields above to an unsecured website submission. Use an approved secure document-transfer method after engagement.

☐ Request credentialing consultation ☐ Request enrollment support proposal

Completed by: _____ Date: _____