



## CLINIX RCM INC

### Credentialing Onboarding Form

To being the credentialing onboarding form, please review all of the fields first and make sure to fill all of the fields with as much accuracy and provide as much details as possible.

Please fill Provider Information below;

<b>Provider Name:</b>		
<b>DOB:</b>	<b>SSN:</b>	<b>NPI Type 1 (Individual NPI)</b>
<b>Group Name / DBA:</b>		
<b>EIN:</b>	<b>PLI:</b>	<b>NPI Type 2 (Group NPI)</b>
<b>Provider Specialty:</b>		<b>Group Specialty:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Practice Location:</b>		
<b>Mailing / Billing Location:</b>		
<b>State License:</b>		<b>DEA:</b>
<b>Board Cert:</b>		<b>Hospital Affiliation:</b>

Please create and provide login information on following web portals;

<b>PECOS/CMS/NPPES Logins - User</b>	<b>Password</b>
<b>CAQH Login - User</b>	<b>Password</b>
<b>Any Other Insurance Portal 1 - User</b>	<b>Password</b>
<b>User</b>	<b>Password</b>
<b>User</b>	<b>Password</b>
<b>User</b>	<b>Password</b>

**Please Note:** In case of provider being NP or PA, we will need the following information of Supervising Physician / Collaborative provider as well:

<b>Supervisor Physician's Name:</b>
<b>Supervisor Physician's NPI:</b>
<b>Supervisor Physician's Specialty:</b>
<b>Supervisor Physician's DEA:</b>



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Following documentation is essential to initiate the credentialing process, please make sure to have them available and provide a clear scanned copy for our use.

- ☐ IRS Letter
- ☐ Copy of SSN Card
- ☐ Copy of Driving License
- ☐ PLI or GLI Certificate / Letter
- ☐ Board Certificate
- ☐ State License
- ☐ DEA License
- ☐ Voided Check
- ☐ Accreditation Survey Letter For Facility (If available)
- ☐ CV / Resume

Provider's Signature

Date:



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Clinix RCM comprehensive primary list of payors available for provider credentialing, **Select All** that are needed.

- ☐ Medicare
- ☐ Medicare RR
- ☐ Medicaid
- ☐ BCBS
- ☐ Aetna
- ☐ Cigna
- ☐ Humana
- ☐ UHC
- ☐ Tricare

Clinix RCM secondary list of additional Payers available for credentialing as per requirement.

- ☐ Amerigroup
- ☐ WellCare
- ☐ Molina Healthcare
- ☐ Oscar Health
- ☐ PHCS/Multiplan
- ☐ Beacon Health
- ☐ Health Spring
- ☐ CareSource
- ☐ Coventry Health Care
- ☐ HCSC (Health Care Service Corporation)
- ☐ United Medical Resources (UMR)
- ☐ GEHA (Government Employees Health Association)
- ☐ Prime Health Services
- ☐ Clover Health
- ☐ Friday Health Plans
- ☐ Ambetter

If provider would like to add any other payors, please list them below, we would be more than happy to accommodate your request.

- ☐
- ☐
- ☐