

Organizational Provider Checklist



Organization:		Date:
Item to submit		
<input type="checkbox"/>	Completed application with attestation signature less than 305 days old	
<input type="checkbox"/>	Current license (as applicable) <ul style="list-style-type: none"> • State • Occupational • Business • Medical gas permit 	
<input type="checkbox"/>	Current Clinical Lab Improvement Amendment (CLIA) Certificate (if applicable)	
<input type="checkbox"/>	Current accreditation certificate or copy of most recent Centers for Medicaid & Medicare Services (CMS) survey (as applicable)	
<input type="checkbox"/>	Current medical malpractice insurance face sheet or Certificate of Insurance	
<input type="checkbox"/>	Ownership disclosure form	
<input type="checkbox"/>	W-9	
<input type="checkbox"/>	NPI	
<input type="checkbox"/>	Medicaid ID	
<input type="checkbox"/>	Medicare ID	