Insurance credentialing document checklist

Every document, number, and login a payer will ask for. Gather all of it before you open a single application. Applications stall on missing paperwork far more often than on anything about your qualifications.

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Provider name: _____ Practice: _____ Date started: _____

1. PERSONAL CREDENTIALS — THE THINGS ABOUT YOU

✓	ITEM	WHY THE PAYER WANTS IT
☐	Active state license, every state you practice in	An expired or pending license stops the application
☐	License number, issue date, and expiry date	Copied onto every application form
☐	DEA registration (if you prescribe controlled substances)	The address on it must match your practice address
☐	State controlled substance registration, where your state issues one	Checked alongside the DEA number
☐	Board certification, or evidence of training	Decides the specialty you are listed under in the directory
☐	Diploma and residency/fellowship completion certificates	Verified against the school and program directly
☐	Malpractice insurance face sheet: carrier, policy number, limits, dates	Cover below the payer's minimum gets you declined
☐	Malpractice claims history, or a written statement of none	Asked on every application
☐	CV with **month and year** dates	Year-only dates read as gaps and trigger a query
☐	Written explanation for every gap over six months	Write once, reuse the same wording everywhere
☐	Government photo ID	Identity verification
☐	Hospital admitting privileges, or your admitting arrangement letter	If you have no privileges, name the covering physician
☐	Current BLS/ACLS certification, where your specialty expects it	Some payers require it, most do not
☐	Two or three professional references with current contact details	Payers contact them directly

2. BUSINESS IDENTIFIERS — THE THINGS ABOUT THE PRACTICE

✓	ITEM	WHY THE PAYER WANTS IT
☐	NPI Type 1 (individual)	Every practitioner needs their own; free from NPPES
☐	NPI Type 2 (the practice as an entity)	Bill under a group without one and claims reject
☐	NPPES login	You will need to update it when addresses change
☐	EIN / tax ID	Must match the name on the NPI record exactly
☐	Signed W-9, current year	Name mismatches here are a top rejection cause
☐	Legal business name **and** doing-business-as name	Payers ask for both, separately
☐	Every service location: address, phone, fax, hours	Feeds the payer's public directory
☐	Accessibility details per location (parking, wheelchair access)	Directory field on most commercial applications
☐	General liability insurance certificate for the premises	Several payers ask for this alongside malpractice
☐	Remit-to address and billing contact	Where the payment and correspondence go
☐	Bank account details for electronic funds transfer, plus a voided check	Needed for EFT enrollment after approval
☐	Medicare PTAN, once issued	Referenced by other payers and by secondary claims
☐	Practice ownership and managing-employee details	Required for Medicare and Medicaid disclosures

3. DIGITAL ACCOUNTS — SET UP BEFORE YOU APPLY

✓	ITEM	NOTES
☐	CAQH Provider Data Portal profile (formerly ProView), complete	Free to providers; most commercial payers read your file from here
☐	CAQH provider ID number	Every commercial application asks for it
☐	All documents uploaded to the CAQH profile	Licenses, malpractice face sheet, DEA, CV
☐	Payer authorizations granted inside CAQH	Authorize each payer before you apply, not after
☐	**Attestation date recorded, and the next one diarized**	Re-attest every 120 days or your profile expires
☐	CMS Identity & Access (I&A) account	Needed before you can use PECOS
☐	PECOS account	Medicare enrollment runs through here
☐	State Medicaid provider portal login	Separate from Medicare and from every commercial payer
☐	Each commercial payer's provider portal login	Created during or just after the application

4. PER-PAYER TRACKER — ONE ROW PER PAYER

Copy this row for every payer you apply to. The reference numbers are what make a follow-up call productive.

FIELD	PAYER 1	PAYER 2	PAYER 3	PAYER 4
Payer name / plan				
Panel open for my specialty?				
Date application submitted				
Submission confirmation number				
CAQH authorization granted				
Follow-up 1 — date, name, reference				
Follow-up 2 — date, name, reference				
Follow-up 3 — date, name, reference				
Information requests received / answered				
Credentialing approved (date)				
Contract received (date)				
Fee schedule received and reviewed				
Timely filing limit in the contract				
Contract signed and returned (date)				
Effective date (in writing)				
Payer ID confirmed in my software				
ERA (835) enrollment complete				
EFT enrollment complete				
Recredentialing due (set a reminder)				

Three things that cause most of the delay

- **A lapsed CAQH attestation.** It expires every 120 days and quietly stalls every application in flight. Diarize it.
- **A slow reply to an information request.** The payer's clock stops until you answer. Two days costs nothing; three weeks costs three weeks.
- **No follow-up rhythm.** Call every two to three weeks and log the name and reference number each time.

Don't wait for approval to do these

- Issue superbills to out-of-network patients so revenue keeps moving.
- Build your CPT code list and fee schedule.
- Set up eligibility verification.
- Complete ERA and EFT enrollment paperwork — it is separate from credentialing.
- Confirm who submits your claims, and that the payer IDs work.