



Physician Checklist

MUST be completed for EACH Provider				
	DATE REQUESTED	<input type="text"/>		
	DATE COMPLETED	<input type="text"/>		FOR MEDENET USE ONLY
	COMPLETED BY	<input type="text"/>		

	ITEMS NEEDED FROM CLIENT	FORMAT <small>Provided in xls, csv, doc, tiff, pdf, paper</small>	DATE REC'D	FOR MEDENET USE ONLY
	Personal Information - CURRENT copies of all items	<input type="text"/>	<input type="text"/>	
@	New Provider Information - Provider Information Form	<input type="text"/>	<input type="text"/>	IP01 pers per dr/new prov info recd mm-dd-yy
@	New Provider Information - Insurance Information Form	<input type="text"/>	<input type="text"/>	IP02 pers per dr/ins info recd mm-dd-yy
#	State Professional Licensure	<input type="text"/>	<input type="text"/>	IP03 "/med lic exp mm-dd-yy
#	DEA Certificate	<input type="text"/>	<input type="text"/>	IP04 "/dea exp mm-dd-yy
#	Curriculum Vitae (Work history dates MUST have month and year)	<input type="text"/>	<input type="text"/>	IP06 "/cv
#	Professional Education (Copies of School Diplomas)	<input type="text"/>	<input type="text"/>	IP07 "/education
#	Professional Training (Copies of Internship, Residency, Fellowship Certifications)	<input type="text"/>	<input type="text"/>	IP08 "/training
#	Board Certifications (Copies of current Board Certifications)	<input type="text"/>	<input type="text"/>	IP09 "/boards
#	ECFMG Certification (If Applicable)	<input type="text"/>	<input type="text"/>	IP10 "/ECFMG
#	Social Security Card	<input type="text"/>	<input type="text"/>	IP13 pers per dr/SSN card
#	Drivers License	<input type="text"/>	<input type="text"/>	IP14 "/drivers lic exp mm-dd-yy
#	Hospital Billing Format (If providing service in Inpat or OutPat setting)	<input type="text"/>	<input type="text"/>	GP19 pers prac/sample hosp format recd mm-dd-yy
#	Documents regarding all settled and/or pending malpractice claims	<input type="text"/>	<input type="text"/>	IP20 "/Adverse actions

#	CME Certificates			IP22	"/CME CERT
#	Letters of all Participating Hospital Privileges			IP16	"/Hospital Privilege letters

!!!! PLEASE COMPLETE IN BLUE INK !!!!

Symbol Legend for Package

& - Sign by Physician Owner of the Practice, DON'T DATE - BLUE Ink - nothing else to do on form

* - Sign by Provider, DON'T DATE, BLUE Ink - nothing else to do on form

@ - **Complete Enclosed Form**

- Practice / Physician to Provide this Document

Email electronic files to credst3@medenet.net

Important: Save the completed PDF form (use menu File – Save).