



P. O. Box 1368  
Lilburn, GA 30048  
Phone: 770-455-0040 Fax: 678-990-1124

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

- \_\_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM PART 1 (15 pages) \*CAQH [printout](#) can replace part 1 & 2
- \_\_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM PART 2 (3 -5 pages)
- \_\_\_\_ PROVIDER INFORMATION FORM
- \_\_\_\_ LOCATION INFORMATION FORM
- \_\_\_\_ RELEASE AUTHORIZATION
- \_\_\_\_ PROVIDER AGREEMENT (13 pages) – Signature page 13
- \_\_\_\_ BUSINESS ASSOCIATE AGREEMENT (6 pages) – Signature page 6
- \_\_\_\_ COPY OF CURRENT STATE LICENSE (with expiration date)
- \_\_\_\_ NPI NUMBERS – INDIVIDUAL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_
- \_\_\_\_ COPY OF CURRENT MALPRACTICE COVERAGE (1M/3M and NOT expired)
- \_\_\_\_ CERTIFICATE HOLDER REQUEST FORM – **Please send this directly to your Malpractice Insurance carrier.**
- \_\_\_\_ COPY OF CURRENT LIABILITY INSURANCE (valid insurance on building)
- \_\_\_\_ CMS WORKSHEET - completed and signed
- \_\_\_\_ W-9 - completed and signed
- \_\_\_\_ E-MAIL \_\_\_\_\_
- \_\_\_\_ CHECK PAYABLE TO: ActivHealthCare – (Initial Membership Fee)  
GCA Members - \$125  
Non-Georgia Chiropractic Association Members - \$660
- \_\_\_\_ Completed enrollment forms for **free** EDI with OFFICE ALLY. See the link from our website.

Note: If the Provider is NOT accepted into the ActivHealthCare Network, the initial membership fee shall be refunded less a \$150.00 administrative fee.

All forms may be found at [WWW.ACTIVHEALTHCARE.COM](http://WWW.ACTIVHEALTHCARE.COM).  
Please call 770-455-0040 or fax 678-990-1124 with any questions.