



P. O. Box 1368  
Lilburn, GA 30048  
Phone: 770-455-0040 Fax: 770-455-6188

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

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

- \_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM FOR REAPPOINTMENT PART 1 (8 pages) \*CAQH printout can replace part 1 & 2
- \_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM FOR REAPPOINTMENT PART 2 (3 pages)
- \_\_\_ PROVIDER INFORMATION FORM
- \_\_\_ LOCATION INFORMATION FORM
- \_\_\_ RELEASE AUTHORIZATION
- \_\_\_ ACTIVHEALTHCARE PROVIDER AGREEMENT (13 pages) – Signature page 13
- \_\_\_ AHC 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 – See re-credentialing letter for fee amount.
- \_\_\_ Are you enrolled in OFFICE ALLY’S FREE EDI - YES or NO. If not, please download the necessary forms from our website and enroll.

All re-credentialing forms can be found at **WWW.ACTIVHEALTHCARE.COM.**