WCH Service Bureau
We Can Help

3047 Avenue U,
Brooklyn NY 11224
888-WCHEXPERTS tel.
347-371-9968 fax.
www.wchsb.com

CREDENTIALING INFORMATION FORM
Non-Physician practitioner

How did you find out about WCH credentialing services?

- □ **Postcard**
- □ **Website**
- □ **Referral**
- □ **Returned client**
- □ **Other** _____

1. **Name:** _____
   First Name Middle Name Last Name Degree

Client Contact Information:

Home Address:_____

City: _____ **State:** _____ **Zip Code:** _____

Cell # _____

Email: _____

CAQH ID: _____ **User ID:** _____ **Password:** _____

PECOS User ID:_____ **Password:**_____

2. Date of Birth: _____ **3. City & Country of Birth:** _____

4. Professional Data:

STATE LICENSE #	MEDICARE #
SSN #	MEDICAID #
NPI #	CDS#
DEA #	

5. Primary Specialty: _____ □ **Board Certified** □ **Board Eligible**

Name of Certifying Board: _____

Date of Certification: _____ **Expiration Date:** _____

6. Sub-Specialty: _____ □ **Board Certified** □ **Board Eligible**

If you have any questions, please contact WCH Credentialing Department at (718) 619-8532 – Anastasiya Yusupova

WCH Service Bureau
We Can Help

3047 Avenue U,
Brooklyn NY 11224
888-WCHEXPERTS tel.
347-371-9968 fax.
www.wchsb.com

Name of Certifying Board: _____

Date of Certification: _____ **Expiration Date:** _____
7. Are there any Age Limitations? □Yes □No **Min/Max Age Limitation:** _____

8. Hospital Privileges

Do you currently have hospital admitting privileges? □Yes □No
(If more than one hospital, indicate primary)

Hospital Name and Address: _____

_____

9. COVERING PROVIDER INFORMATION:

Covering provider should be participating provider or be in process of becoming provider in the plan you are applying to.

Name	Name	Name
Address	Address	Address
City	City	City
State/Zip	State/Zip	State/Zip
Phone	Phone	Phone
Specialty	Specialty	Specialty

WCH Service Bureau
We Can Help

3047 Avenue U,
Brooklyn NY 11224
888-WCHEXPERTS tel.
347-371-9968 fax.
www.wchsb.com

10. PRACTICE INFORMATION

Please include all service location that you want to be listed under in insurance directory, starting with **1st PRIMARY LOCATION**.

Business Name/DBA: _____
Group NPI: _____
Tax Id: _____
Group Medicare #: _____
Group Medicaid #: _____

How many Practice Locations? _____ (if you have more than one practice locations, please copy this form)

Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Contact Name: _____ Started to Work: _____

Hours of Practice

Mon _____ to _____ Wed _____ to _____ Fri _____to _____

Tues _____ to _____ Thurs ____ to _____ Sat _____ to _____

24x7 Phone Coverage at this location? □Yes □No **Phone Coverage type** _____

Billing Information:

Make Checks Payable To: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____

WCH Service Bureau
We Can Help

3047 Avenue U,
Brooklyn NY 11224
888-WCHEXPERTS tel.
347-371-9968 fax.
www.wchsb.com

Correspondence Information:
Specify address at which insurance can contact the doctor direct, if different from above.

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Name: _____

ALL APPLICANTS

PLEASE ATTACH COPIES OF THE FOLLOWING, if applicable:

- State License
- Curriculum Vitae
- Medical Liability Insurance Coverage: $1/3 million
- IRS Form W-9
- Board Certification (if applicable)
- Copy of diploma
- Registration and Infection Control Training Certificate
- NPI Award Letter (Individual and Group)
- ECFMG Certificate

11. CONFIDENTIAL INFORMATION

Please include ALL information regardless of time limitation,

1. Do you have any history of malpractice action (settlements, judgments, or otherwise)? □Yes □No
2. Do you have any malpractice cases pending? □Yes □No
3. Have you ever been convicted of fraud, narcotics or any other felony offense? □Yes □No
4. Has your license to practice medicine ever been subjected to any revocation, suspension, probation, or other disciplinary action by any state licensing authority or medical society? □Yes □No
5. Have you ever been barred from participation in Medicaid/Medicare programs? □Yes □No
6. Have clinical privileges ever been denied, revoked, suspended or restricted in anyway? □Yes □No
7. Do you have any physical or mental impairment that would cause you to be unable to perform the essential functions in your area of practice, without any threat to the health and safety of others? □Yes □No
8. Are you suffering from any communicable health condition that, considering the essential functions of your practice, could pose a health or safety risk to your patients? □Yes □No
9. Within the past three years have you had any substance abuse, or chemical dependency problems, which might affect your ability to practice medicine in your area of expertise in any way? □Yes □No

WCH Service Bureau
We Can Help

3047 Avenue U,
Brooklyn NY 11224
888-WCHEXPERTS tel.
347-371-9968 fax.
www.wchsb.com

For each question to which you answered YES, please attach an explanation, including without limitation:

1. The incident(s) upon which the action(s) were based, including pertinent dates.
2. How the matter was resolved, including any conditions and whether they have been met or are still pending.
3. List any payments and whether the payments were a result of settlement or judgment.
4. Describe in detail the specific clinical steps or process you instituted to prevent the recurrence of this
5. List any continuing education courses you attended relating to this situation, including dates of attendance.

DATE SIGNATURE

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*