

Provider Network Application Checklist

The following items are required:

- ☐ All applicable items on the Application are complete
Please indicate specific services applying for and requested rates, or attach rate sheet if applicable where indicated.
All fields marked required fields (“”) must be completed; if “N/A”, please indicate as such
- ☐ Copy of the organization’s Policies & Practices, with corresponding page numbers
- ☐ [Federal W-9 Form](#) - Request for Taxpayer Identification Number and Certification