PREMIER HEALTH NETWORKS OF ALABAMA, LLC
NAMCI / COMP1ONE
Credentialing Application and Checklist

In order to expedite your participation in NAMCI and/or Comp1One PPO Network the attached Provider Application, Confidential Provider Information and Preferred Provider Network forms must be completed, signed, dated and returned to us with the documents requested.

Following is a checklist to help you make sure you have enclosed all of the necessary information to complete the credentialing process.

_____   Complete Provider Application - If the question does not pertain to you please indicate by inserting N/A in the space provided. Applications with blanks will not be accepted.

_____   Confidential Provider Information (signed and dated)

_____   Preferred Provider Network Form (signed and dated)

_____   Certificate of Professional Liability Coverage issued to NAMCI by your carrier

_____   Copy of Current State Medical License

_____   Copy of current State of Alabama Controlled Substance Certificate

_____   Copy of current DEA Certificate

_____   Copy of Board Certification **OR** Verification of Residency Completion (if applicable)

_____   W-9 or 1099 (Request for Taxpayer Identification Number)

_____   Explanation of any Professional Liability Suits or other information as indicated on the application

_____   Copy of Curriculum vitae (work history) include last 5 years with month (mmyyyy), explain any breaks of employment lasting longer than 6 months

If you have questions regarding your application please do not hesitate to call the Provider Relations Department at 256-532-2753 or 1-800-636-2624. **Incomplete applications will only delay the credentialing process. Please make sure it is complete before returning to:**

>   Premier Health Networks of Alabama, LLC
>   PO Box 18788
>   Huntsville, Alabama 35804
>   Attention: Cathy Ontiveros

Note: Please do not separate forms. Provider copies will be returned after review and execution by NAMCI/Premier.