



Credentialing Order Form

Date: _____ Start Date: _____ Group NPI#: _____

Tax ID: _____ Facility Phone Number: _____

Name of Facility: _____

Facility Street Address: _____ Ste/Blg: _____

Facility City, State, Zip: _____

Main contact name: _____ Contact cell phone: _____

Contact email: _____

Pricing: DME (855s) \$1,200 ea (does not include CMS app fee), Medicare (855b, 855r, 855i, etc) \$600 ea & Commercial Insurances \$1,000 ea. Please note that commercial insurance panels may or may not be open to new providers. *IPS will submit a letter of interest on the client's behalf to up-to six (6) commercial health insurance carriers to determine if the network in question is open or if the panel is closed for that specialty and geographic location. If the panel is open, IPS will submit an application on the client's behalf.***

List of desired insurances:

1)	2)
3)	4)
5)	6)
7)	8)

Name of Practice Owner: _____ Owner NPI: _____

NPPES Username: _____ NPPES Password: _____

Birth City/State: _____ Provider SSN: _____

Provider DOB: _____ Home Address: _____

Please attach a copy of a voided check for payment. I understand that IPS, LLC will charge the account provided as credentialing applications are approved: \$1,200.00 ea for DME, \$600.00 ea for Medicare and \$1,000 ea for Commercial Insurance applications.

Signature: _____ Date: _____

Printed Name: _____

Return this form with copy of voided check to:
Fax 727-683-9536 or Email to: carol@integrativepracticesolutions.com
Integrative Practice Solutions, LLC- 10006 Cross Creek Blvd, #205, Tampa, FL 33647- Phone: 855-854-6332