



Total Health Care Credentialing Form

Thank you for choosing Total Health Care, Inc (THC). Please complete the following form to be credentialed into our network.

Behavioral Health Provides: DO NOT Complete this form. Contact Value Options at 800-397-1630

Name of person completing this form _____ Phone _____

Email Address (required): _____

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COMPLETION OF ALL FIELDS IS REQUIRED

Practitioner Name _____ Title _____

NPI # _____ CAQH # _____

Name of Group _____ NPI # (Type II) _____

Specialty _____ Sub-Specialty _____

Race/Ethnicity _____

Primary Address _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Secondary Address _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Current State of Michigan License Number _____

Current Controlled Substance Registration Number _____

Current DEA Number _____

Current Professional Liability Insurance Carrier _____

Are you currently Board Certified Y____ N____

Certification Date _____ Expiration Date _____

Name of certifying board: _____

Location with current Hospital Privileges _____

Are you affiliated with one of our delegated entities Y____ N____

Name of affiliated delegated entity: _____

Return Request Form by email or by fax to:

Fax: 313.748.1390

email: Providerupdate@thcmi.com

*Please submit all additional addresses on a separate sheet of paper

CRITERIA FOR CREDENTIALING

The following are required to complete successful credentialing into our network:

- **State of Michigan License to practice**
 - To apply please visit www.mich.gov
 - Unrestricted State of Michigan License is required (cannot be pending)
 - Limited licenses are not accepted

- **State of Michigan Controlled Substance Registration (CSR) if applicable.**
 - To apply please visit www.mich.gov
 - Unrestricted State of Michigan License is required (cannot be pending)
 - Limited licenses are not accepted

- **DEA license with all schedules 2, 2N, 3, 3N, 4, & 5 (if applicable)**
 - To apply please visit www.deadiversion.usdoj.gov
 - DEA application must be in process before applying
 - Cannot apply for the DEA until an unrestricted Controlled Substance Registration is obtained (CS-3)
 - DEA license or Proof of DEA application must be submitted with application

- **Current Hospital Privileges at a THC Contracted Hospital**
 - **Active Staff member**

- **Board certification**
 - Completion of a Total Health Care approved board
 - Maintenance of board certification if not lifetime certified
 - Approved Boards:
 1. The American Board of Medical Specialties (ABMS).
 2. The American Osteopathic Association (AOA).
 3. Royal College of Physicians and Surgeons of Canada.
 4. The American Podiatric Medical Association (APMA).
 5. The American Board of Podiatry Surgery (ABPS).
 6. The American Board of Lower Extremity Surgery (ABLES) formally known as American Council of Certified Podiatric Physician and Surgeons. The American Board of Podiatric Orthopedics and Primary Podiatry Medicine (ABPOPPM).
 7. The American Board of Multiple Specialties in Podiatry (ABMSP).
 8. National Board of Examiners in Optometry (NBEO).
 9. National Board of Chiropractic Examiners (NBCE).
 10. National Commission on Certification of Physician Assistants (NCCPA).
 11. American Midwifery Certification Board (AMCB).
 12. American Nurses Credentialing Center (ANCC).
 13. American Academy of Nurse Practitioners (AANP).

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- **National Practitioner Identifier (NPI)**
 - To apply please visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

- **Professional liability Insurance**
 - Provide current liability insurance that will cover you at THC
 - If you do not carry malpractice insurance, a copy of the CPR certificate of financial responsibility, a notarized letter of credit, or an escrow account is required.

- **Educational Commission for Foreign Medical Graduates (ECFMG) if applicable**
 - Successful completion of the ECFMG

- **Completion of an approved Residency program**
 - Practitioner must have completed at least three years of post graduate medical education in an approved internship and or residency program (MD or DO) or DO's with only one-year post graduate training before 1989 in an approved program and board certification.
 - The agencies/authorities recognized at the time of this policy are the following:
 1. The Accreditation Council for Graduate Medical Education (ACGME).
 2. The American Osteopathic Association (AOA).
 3. College of Family Physicians of Canada (CFPC).
 4. Royal College of Physicians and Surgeons of Canada.
 5. The American Podiatric Medical Association (AMPA) Council on Podiatric Medical Education.

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