

Date: _____

To: _____

The following information is required for:

- Credentialing Re-Credentialing Updating your files HMO/PPO request
- Completed and signed AHP Participating Physician Agreement
 - Completed and signed State of Illinois Initial Provider Application
 - Completed and signed Attestation Forms
 - A copy of your current Illinois License
 - A copy of your current Illinois Controlled Substance License
 - A copy of your current DEA Certificate
 - A copy of your current Malpractice Insurance Certificate
 - Malpractice suit details (If applicable.)
 - A copy of your Medical School Diploma
 - A copy of your Internship Certificates
 - A copy of your Residency Certificates
 - A copy of your CLIA certificate (If applicable.)
 - A copy of your ECFMG certificate (If foreign medical graduate.)
 - A copy of your Board Certificate (If applicable.)
 - A copy of your CME (Continuing Medical Education) credits for the last two years
 - A copy of your CV (curriculum vitae) with a complete work history
 - A signed copy of W-9 Form
 - A copy of your Medicaid Provider Information Sheet
 - Provide active CAQH #

Please enclose all requested information. No expired documentation will be accepted.

Send the checked documents as soon as possible, but no later than ASAP , to:

Apogee Health Partners, Inc.
2850 S. Wabash
Suite 202
Chicago, IL 60616
PH: 773-737-7300
FX: 773-737-2838

If you require assistance, contact Linda LaBoy at ext. 115 .