Humboldt IPA

IPA ALLIED HEALTHCARE PROVIDER (Optometrist)

APPLICATION INSTRUCTIONS AND CHECKLIST

This package contains application documents for applying for membership in the Humboldt IPA. All forms must be completed, signed, and submitted with the requested supporting documentation. Please refer to the checklist below, provided to guide you in preparing a complete application package.

Membership

☐ Allied Health Care Professional Service Agreement
☐ W-9
☐ EFT Enrollment Form

Credentialing

☐ Completed Universal Provider Application form (**Enter "None" or "N/A" where appropriate. DO NOT leave blank spaces or the application will be returned to you for completion.**)
☐ Curriculum Vitae including work history for the previous five (5) years (mo/yr format) with written explanations for gaps of greater than six (6) months.
☐ Copies of all diplomas and/or applicable certifications of education and training
☐ Copy of current California medical or professional license or certification
☐ Copy of current DEA Controlled Substance Registration Certificate or Furnishing License (**must have California address**), if applicable.
☐ Copy of current professional liability (malpractice) Certificate of Insurance

Credentialing for the IPA is conducted by the Humboldt IPA. As an applicant for participation in the IPA, you have the right to review information submitted in support of your credentialing application. This review shall be completed on the premises of the IPA offices. While no original paperwork may be removed from the file, the applicant may request copies of specific documentation in writing. If you have questions or would like to obtain a copy of the Humboldt IPA Credentialing or Recredentialing Policy and Procedures, please contact Humboldt IPA Credentialing Manager, Brigid Cherry, at extension 29 or access Humboldt IPA's website www.humboldtipa.com