



## Credentialing Services

- \$100.00 Per application for initial 30 applications

**\* Payment due in full prior to submittal of applications.**

## Billing Services

- 10% per claim - payable bi-monthly upon receipt of payment from insurance carrier/patient

### **Information needed to begin credentialing process:**

#### **Practice Information :**

**Please provide copies of the following documents.**

- Drivers License
- Social Security Card
- Current Malpractice Insurance
- Current C.V.
- State License
- DEA Card
- W-9 Form
- ACLS
- BLS
- Medical License by approved board
- Work History Form
- UPIN #
- Name of Covering Physician

**Gaps in C.V work history must be explained / verified on a separate sheet**



**Please fill out this form and return with other requested documentation.**

<b>FULL NAME</b>	First _____ Last _____ MI _____
Local Address and P.O. Box	Address: _____ P.O. Box _____
<b>National Provider Identifier</b>	
<b>Business Tax ID / SS#</b>	
Primary telephone number	( ____ ) - _____
Alternate telephone number	( ____ ) - _____
Date of Birth	Month _____ Day _____ Year _____
Place of Birth	Country _____ State _____ City _____
Marital Status	Single                  Married                  Divorced
<b>Email Address</b>  ***PLEASE PROVIDE AN EMAIL ADDRESS FOR CORRESPONDANCE WITH CPS STAFF.	

**Additional Information:**

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**Please forward information by fax / email or overnight mail to:**

**CPS Medical Billing Services  
P.O. BOX 1157  
Snellville, GA. 30078**

**Phone: 770-985-4257  
Fax: 770-985-4258  
Email: Info@cpsbilling.us**