

IMPORTANT: *An approval stamp—by a FirstCare employee—is required in order for this form to be considered complete.*

_____ Complete Credentialing Application. **One application per NPI/TIN/License number.**

_____ Current State License

_____ **Pharmacy should be contracted and credentialed through Navitus Health Solutions, unless located within a hospital**

_____ Form W-9

_____ Current Insurance
If Behavioral Health services provided, FirstCare requires limits of \$1 million/\$3 million.

_____ CLIA (*if applicable*)

_____ If a Hospital (**Radiation Cert, Mammography Cert, Laser Cert**)

_____ Copy of Accreditation Certificates
If not accredited, please provide one of the following

- *Copy of the State Site Survey*
- *Cover letter from Centers for Medicare and Medicaid Services (CMS) stating facility is in substantial compliance*
- *Copy of CMS letter certifying/recertifying facility—if deficiencies were cited.*

_____ Agreement with the Texas Health and Human Services if the following services are provided;

- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Early Childhood Intervention (ECI)
- Federally Qualified Health Services (FQHC)