



## Allied Provider Checklist

A complete packet will have:

- \_\_\_\_\_ Signed Participating Allied Provider Agreement
- \_\_\_\_\_ Signed Amendment to Participating Agreement
- \_\_\_\_\_ Signed Antitrust Policy (All providers)
- \_\_\_\_\_ Completed Provider Pre-authorization (All providers if applicable)
- \_\_\_\_\_ Completed NC Uniform Application accompanied by the required documentation
- \_\_\_\_\_ Check List completed (All providers)

**Please complete the information below so that we can process your contract and list your practice correctly in employer directories.**

<b>Practice Name</b>	
<b>Tax Identification #</b>	
<b>Services Provided</b>	
<b>Physical Address (include multiple locations)</b>  <b>**If separate tax id numbers, complete a separate form.**</b>	
<b>Billing Address Phone# Contact Name</b>	
<b>Mailing Address</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Office Manager/ Contact Person</b>	
<b>E-Mail</b>	
<b><i>List all providers that are included in your practice.</i></b>	