

## Credentialing Application Checklist: Ambulance

Please use this checklist as a guide when completing the requirements to become a participating provider with CarePartners of Connecticut. For questions, please contact the CarePartners of Connecticut Allied Health Contracting Department at 844.276.5314.

Please email documents to [AlliedContracting@tufts-health.com](mailto:AlliedContracting@tufts-health.com) or fax to 617.673.0909.

To facilitate review of your application, please return all materials together.

### **Application Checklist**

- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#) (payment purposes)
- A copy of the provider's Department of Public Health's Office of Emergency Services license(s)
- Proof of Medicare participation; for example, a Medicare award letter
- A copy of controlled substance license(s)
- A copy of articles of organization/incorporation

*Please also include:*

### **Ground Ambulance**

- A copy of your current certificate of general liability insurance, including EMT professional liability in the amounts of \$1,000,000 per incident and \$2,000,000 aggregate
- A copy of your current certificate of automobile liability insurance with annual limits of \$1,000,000

OR

### **Air Ambulance**

- A copy of your air carrier certificate
- A copy of your current aircraft liability insurance in the amount of \$5,000,000 combined single limit, bodily injury, and property damage, with no passenger sublimits