

Credentialing Application Checklist: Imaging Facility

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 the documents to AncillaryNetworkContracting@point32health.org 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)
- ☐ State License number
- ☐ Medicare participation number
- ☐ Name, address and coverage amounts of professional liability insurance (\$1M/\$3M coverage)
- ☐ Name of accrediting agency (e.g., Joint Commission, Det Norsk Veritas, CLIA)
- ☐ If not accredited, a copy of most recent state survey (must be within the past three years)