

# Credentialing Application Checklist

## Dialysis

Please use this checklist as a guide when completing the requirements to become a participating provider with Tufts Health Plan. For questions, please contact the Tufts Health Plan Allied Health Contracting Department at 888-880-8699, extension 43145.

Please email the 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)
- 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)

### For More Information

Corporate Office  
888-880-8699

Allied Health Provider Inquiries  
888-880-8699, ext. 43145

[tuftshealthplan.com/providers](https://tuftshealthplan.com/providers)