

Credentialing Application Checklist

Imaging Facility

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 documents to:
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