

Credentialing Application Checklist

Ancillary Provider

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

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 list of providers to be authorized to practice under the group's contract, including the provider's full name and NPI (if applicable)
- A completed and signed [W-9 form](#) (payment purposes)
- Documentation of current professional liability insurance (\$1 million per incident/\$3 million aggregate)
- Documentation of current general liability "premises" insurance (\$1 million per incident/\$1 million aggregate). Must show addresses for any/all practice sites. This coverage should include, but not limited to, claims for or bodily injury, property damage and legal liability on the insured's premises
- Completed [Past 5 Years' Work History Form](#) (if applicable)
- Copy of state license (if applicable)
- [Federally Required Disclosure Form](#)
- Proof of Medicare participation (if applicable)
- Copy of graduate school diploma (Registered Dietician)
- Copy of CDE Certificate (Registered Dietician, if applicable)

For More Information

Corporate Office
888-880-8699

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

tuftshealthplan.com/providers