

Application Checklist

Orthotics and Prosthetics

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](#)
- Proof of Medicare participation; for example, a Medicare award letter
- Facility accreditation certificate(s)
- Clinician certificate(s)
- Patient/caregiver education materials, if applicable
- A copy of general liability insurance showing coverage at the \$1,000,000 per incident level and \$1,000,000 in the aggregate level
- A copy of professional liability insurance showing coverage at the \$1,000,000 per incident level and \$3,000,000 in the aggregate level
- The articles of organization
- The organization chart
- A copy of the facility's patient privacy notice

For More Information

Corporate Office
888-880-8699

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

tuftshealthplan.com/providers