



Contract and Credentialing Checklist

Please use this checklist to complete and return your provider application packet.

1. Contract Information

Sign and date the contract. Please print the name and title of the signer, and submit the contract with the original signature.

- Do not complete the effective date field on the contract—WellCare will complete.

2. W-9

Complete the W-9, and make sure line one matches the Name of Entity on page one of the contract as well as the Provider Name on attachment C, which should be the legal owner of the Tax ID.

3. Credentialing Information

You have three options for credentialing completion. Please select one below.

a. CAQH Application

If you submit via CAQH, please check below and return a completed contract and W-9. We will contact CAQH for your credentialing application. Please request CAQH to grant WellCare access to your data. Call the CAQH help desk at (888) 599-1771 for assistance.

Yes, I plan to use CAQH. Attached is my CAQH number or my DOB as a key identifier.

Please note, without a key identifier, WellCare cannot submit to CAQH for access.

b. Georgia Uniform Healthcare Practitioner Credentialing Application Form

Check below if you plan to complete the Georgia Uniform Application. You must also include a copy of your professional liability insurance certificate, etc. as outlined below under Section c.

Yes, I plan to use the Georgia Uniform Application.

c. WellCare Credentialing Application

Check below if you plan to complete the WellCare application. Please complete the application in its entirety, include all requested documents and return to WellCare. A list of documents required for this application follows.

- Yes, I will complete the WellCare Application and include all required documents.
- Current Professional Liability Insurance Certificate (Practitioners); General Liability Insurance (Facilities)
- Additional Locations information sheet
- Curriculum Vitae/Work History (must include month and year dates)
- CLIA Certificate or Waiver (As applicable)
- W9 Form as referenced in Number 2 above
- Signed and Dated Consent and Release Form – Part of Application