



# REQUEST TO ADD LICENSED PRACTITIONER

## PROVIDER INFORMATION (REQUESTING TO ADD PRACTITIONER)

Provider Name		Date			
			mm	dd	yyyy
Street Address		County			
City		State	Zip+4		
Phone #					

## PRACTITIONER INFORMATION

Practitioner Name		License Type (all)	
Practitioner Email		License Number (all)	
NPI #		Taxonomy #	
Is the practitioner currently credentialed with Trillium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is NC Tracks updated with Locations and Affiliations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## PERSON SUBMITTING REQUEST

Name			
Position		Contact Email	

## SERVICE LOCATIONS- List all addresses where services will be provided (Must be in NC Tracks for both Practitioner and Provider)

Address	
Address	
Address	
Address	
Address	
Address	
Address	
Address	
Address	
Address	

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT COMPLETED FORM BY EMAIL TO:**

[Credentialing@TrilliumNC.org](mailto:Credentialing@TrilliumNC.org)



## INSURANCE REQUIREMENTS AND ATTESTATIONS LICENSED PRACTITIONERS

CONTRACTOR shall purchase and maintain insurance as listed below from a company which is licensed and authorized to do business in the State of North Carolina by the North Carolina Department of Insurance as specified below, unless waived in writing by the LME/MCO.

- i. Professional Liability: The CONTRACTOR shall purchase and maintain Professional Liability Insurance protecting the CONTRACTOR and any employee performing work under the Contract for an amount of not less than \$1,000,000.00 per occurrence/\$3,000,000.00 annual aggregate.
  - I have provided my Certificate of Insurance showing that I meet this requirement. OR
  - If I am covered by my employer's insurance, I have enclosed a statement (either from the employer or an insurance declaration page) that states I am covered.
- ii. Comprehensive General Liability: If CONTRACTOR owns the building or facility where services are provided under this agreement, the CONTRACTOR shall purchase and maintain Bodily Injury and Property Damage Liability Insurance protecting the CONTRACTOR and any employee performing work under the Contract from claims of Bodily Injury or Property Damage arising from operations under the Contract for an amount of not less than \$1,000,000.00 per occurrence/\$3,000,000.00 annual aggregate.
  - I do not own the building/facility where I provide services. OR
  - I have provided my Certificate of Insurance showing that I meet this requirement.
- iii. Automobile Liability: If CONTRACTOR transports recipients, the CONTRACTOR shall purchase and maintain Automobile Bodily Injury and Property Damage Liability Insurance covering all owned, non-owned, and hired automobiles for an amount not less than \$500,000.00 each person and \$500,000.00 each occurrence. Policies written on a combined single limit basis shall have a minimum limit of \$1,000,000.00.
  - I do not transport recipients. OR
  - I have provided my Certificate of Insurance showing that I meet this requirement. OR
  - If I am covered by my employer's insurance, I have enclosed a statement (either from the employer or an insurance declaration page) that states I am covered.
- iv. Workers' Compensation and Occupational Disease Insurance, Employer's Liability Insurance: The CONTRACTOR shall purchase and maintain Workers' Compensation and Occupational Disease Insurance as required by the statutes of the State of North Carolina. The CONTRACTOR shall purchase and maintain Employer's Liability Insurance for an amount not less than Bodily Injury by Accident \$100,000.00 each Accident/ Bodily Injury by Disease \$100,000.00 each Employee/Bodily Injury by Disease \$500,000.00 Policy Limit. –
  - Clinicians associated with my practice are independent contractors and I do not have the minimum number of employees that would require me to maintain this coverage. OR
  - I have provided my Certificate of Insurance showing that I meet this requirement. OR
  - N/A
- v. Tail Coverage: Liability insurance may be on either an occurrence basis or on a claims-made basis. If the policy is on a claims-made basis, an extended reporting endorsement (tail coverage) for a period of not less than three (3) years after the end of the contract term, or an agreement to continue liability coverage with a retroactive date on or before the beginning of the contract term, shall also be provided.

### CONTRACTOR shall:

- i. Submit new COIs no later than ten (10) calendar days after the expiration of any listed policy to ensure documentation of continual coverage;
- ii. Notify the LME/MCO in writing within two (2) business days of any cancellation or material change in coverage;
- iii. Provide evidence to the LME/MCO of continual coverage at the levels stated above within seven (7) calendar days if CONTRACTOR changes insurance carriers during the performance period of the Contract including tail coverage as required for continual coverage; and
- iv. Notify the LME/MCO in writing within two (2) business days of knowledge or notice of a claim, suit, criminal or administrative proceeding against CONTRACTOR and/or Practitioner relating to the quality of services provided under this Contract.

CONTRACTOR shall have the right to self-insure provided that CONTRACTOR's self-insurance program is licensed by the Department of Insurance of the State of North Carolina and has been actuarially determined sufficient currently to pay the insurance limits required in the Contract.

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APPLICANT PRINT NAME

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APPLICANT SIGNATURE

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PRACTICE NAME

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DATE