



REQUEST TO ADD LICENSED CLINICIAN

Name _____ License or Certification _____

DOB / / mm dd yyyy NPI # _____ Hire Date _____

What NPI# will be used for billing?
 Individual NPI (credentialing required) Agency/Group NPI only (credentialing not required) Both (credentialing required)

Agency/Practice Name _____

CAQH # (Required) _____ Taxonomy # _____

Currently Credentialed with Trillium _____ YES _____ NO

Business Contact Person _____

E-Mail Address _____

CURRENTLY WORKING WITH

Agency/Practice Name _____

Address _____ City _____ State _____ Zip+4 _____

PREVIOUSLY WORKED WITH

Agency/Practice Name _____

Address _____ City _____ State _____ Zip+4 _____

End Date / / mm dd yyyy

PRIMARY OFFICE ADDRESS

Physical Address _____ City _____ State _____ Zip+4 _____

Office Phone _____ Office Fax _____

SECONDARY OFFICE ADDRESS (if applicable)

Physical Address _____ City _____ State _____ Zip+4 _____

Office Phone _____ Office Fax _____

EMPLOYER FEDERAL TAX I.D. NUMBER _____

____ Copy of Agency Certificate of Insurance (with name of LIP, dates of coverage, and coverage amount) - attached

____ Copy of all Licenses/Certifications-attached

____ Proof of NC Tracks Enrollment & affiliation with all office locations listed above. **Please also make sure that all other information is up to date and accurate (license, taxonomy, certifications, etc.).**

SUBMITTED BY:

Signature _____ Date _____

PLEASE E-MAIL THE COMPLETED FORM with Attachments
TO Credentiaing@TrilliumNC.org
INCOMPLETE FORMS WILL NOT BE ACCEPTED

FOR OFFICE USE ONLY	
Date Initial Request Received:	_____
Date Added to MCO Roster:	_____



ADDITIONAL OFFICE ADDRESS

Physical Address	City	State	Zip+4
Office Phone	Office Fax		

Physical Address	City	State	Zip+4
Office Phone	Office Fax		

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Office Phone	Office Fax		

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Office Phone	Office Fax		

Revised 2.13.2018





**INSURANCE REQUIREMENTS AND ATTESTATIONS -
LICENSED PRACTITIONERS**

- a. 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. – **Please initial one:**
_____ I have provided my Certificate of Insurance showing that I meet this requirement.
_____ 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. – **Please initial one:**
_____ 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. **OR**
_____ Not applicable
- 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. - **Please initial one:**
_____ 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.
_____ Not applicable
- 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. - **Please initial one:**
_____ 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**
_____ Not applicable (Please initial)

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.

b. 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.

c. 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.

Applicant Print Name

Applicant Signature

Agency/Group Name

Date



Ownership Disclosure Statement - Licensed Clinicians

Do you have ownership or control interest of 5% or more in other organizations that bill Medicaid for services? Yes No

If yes, please fill in the following for each organization (copies of this page may be made as needed):

Organization Legal Business Name: _____

Employer ID Number: _____

Medicaid Number: _____

Organization Legal Business Name: _____

Employer ID Number: _____

Medicaid Number: _____

Organization Legal Business Name: _____

Employer ID Number: _____

Medicaid Number: _____

Applicant Print Name

Applicant Signature

Date

