

FACE SHEET/ DEMOGRAPHICS
Ransom Billing and Credentialing Company LLC
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Information needed for credentialing Behavior Health
PLEASE COMPLETE FORM PER CLINICIAN AND ATTACH DOCUMENTS

1. Name of business
2. Individual owners, D.O.B.
3. CVO (resume **PLEASE HAVE START AND END DATES FOR SCHOOL AND WORK HISTORY. PLEASE HAVE ADDRESS AND PHONE NUMBERS FOR ALL EMPLOYMENT AND SCHOOLS**)
4. CAQH number and login, password information (if applicable)
5. Individual License (if applicable)
6. Mailing address, Telephone number, fax, email address
7. County
8. Business license
9. Secretary of State
10. NPI number
11. Tax I.D.
12. Social Security number
13. Liability insurance
14. Georgia Composite Board Licensure Start Date End Date
15. DEA number Start Date End Date
16. Voided Check (business account)
17. W-9
18. DATEP (if applicable)
19. **ALL CERTIFICATIONS FOR ALL STAFF BEING CREDENTIALLED.**
20. **IRS tax forms (2018 IF APPLICABLE) OR Letter from IRS IF YOU HAVE NOT FILED BUSINESS TAXES**

Information needed for Agency Credentialing including items listed above

1. Medicaid number
2. Certificate of Attendance at the most recent BH Forum
3. Completed Letter of Intent form.
4. Completed Service Location Addendum(s) - One Per Service Location (Attached)
5. Copy of a fully executed contract to verify a minimum of one year of service during the most recent 12 months.
6. Copy of last two years agency's business Tax Returns or audited financials to support assertions that applicant has been in business for a year.
7. Agency Bank Statements – business statements for previous 6 months
8. Copy of IRS letter that verifies Tax ID number, e.g., Form 147C or Form CP575A. In addition Non Profits must submit IRS Exempt Letter
9. Three Professional Reference Letters
10. Copy of "DBA" or trade name Registration filed with the Clerk of the Superior Court of the county of the corporation's domicile, if the applicant operated or will operate under a trade name or "DBA".

11. Copy of each site County/City Business license or permit. If not required by municipality, documentation from municipality stating not required
12. Copies of all agency licenses as applicable based upon services requested, such as, Drug Abuse Treatment and Education Program license (DATEP), Narcotics Treatment Program
13. Controlled Substance Registration Certificate issued by DEA – Medication Assisted Treatment (MAT) applicants only
14. Accreditation Certificate
 - o TJC – The Joint Commission
 - o CARF – Commission on Accreditation of Rehabilitation Facilities
 - o COA – Council On Accreditation
 - o CQL – Council on Quality and Leadership
15. Resume of:
 - o Clinical Director (CORE Services Benefit Packet Applicants Only)
 - o Owner
 - o Chief Executive Officer (CEO) and/or Director