



Dear Allied Health Provider,

Thank you for your interest in joining the Alliance Regional Health Network. Enclosed please find an application and agreements, which should be returned to Alliance in the enclosed, self-addressed envelope upon completion.

Please follow the instructions below carefully. In order to process your application and agreements, all materials must be complete and all attachments must be present. Incomplete applications will be returned to you.

MEMBERSHIP CRITERIA:

Alliance Regional Health Network (Alliance) has established the following criteria with respect to allied health provider membership with Alliance. Each physician applying for membership must satisfy Alliance, as a condition precedent, and as a condition for continued participation, that the allied health provider meets the criteria set forth below:

1. The allied health provider must hold a current Texas State License with the appropriate Licensing Board.
2. The allied health provider must have completed training to the profession acceptable to Alliance.
3. The allied health provider must hold a current federal Drug Enforcement Agency (DEA) certificate and state DPS certificate, if applicable to the professional and the jurisdiction.
4. The allied health provider must possess professional liability insurance coverage in such minimum amounts as are from time to time designated by Alliance. The initial minimum coverage limitations established by Alliance are \$1 million for each occurrence and \$3 million aggregate annual coverage on in such other amounts as Alliance shall in its discretion approve. Satisfactory evidence of the required coverage must be provided to Alliance. The allied health provider must agree to give Alliance a minimum of ten(10) days advance notice of any cancellation in coverage or any reduction in coverage below the established minimum requirements.
5. The allied health provider must be willing to give Alliance all information reasonably requested concerning any malpractice actions instituted against, settlements made by, or judgments entered against the allied health provider.
6. The allied health provider must be a member in good standing at a participating hospital if applicable to the profession.
7. The allied health provider must demonstrate an appropriate history of employment, clinical practice, and hospital privileges.
8. The allied health provider must demonstrate a sanction free status with federal, state, and local authorities, including each jurisdiction in which the practitioner practices or previously practiced.
9. The allied health provider must demonstrate clinical measures, cost effective measures, service measures, and administrative compliance which are acceptable to Alliance.

10. The allied health provider must agree to provide medical services to Alliance participants on the same basis as such services are provided to private patients.
11. The allied health provider must agree to enter into a Allied Health Provider Agreement with Alliance, containing such terms and conditions as Alliance may from time to time determine are reasonable.
12. The allied health provider must complete an Application for Provider Participation and provide Alliance with changes as they occur. Also the allied health provider must complete every two (2) years an Update to Provider Application for continued participation in the Alliance Networks.
13. The allied health provider must provide Alliance with any information pertaining to health status, sanctions, restrictions or suspensions on all licenses and hospital privileges or felony convictions.

WHAT YOU NEED TO DO:

- Complete the Texas Standardized Credentialing Application, including the applicant's initials and date on page 11 and signature, printed name, and the date application was signed on page 12.
- Complete in full, signature page on the both agreements.
- Question 23 on page 9 of the application needs to be answered yes unless you are unable to perform essential functions as a provider. This is a confusing question since below it, it states to explain yes answers to any question except 16.

REMEMBER TO ENCLOSE:

- Completed and signed Application (Alliance must receive the application within thirty (30) days of the signature date.)
- Two (2) completed and signed copies of the Agreement.
- Copy of current malpractice insurance certificate.
- Copy of current DEA certificate (if applicable)
- Copy of current DPS certificate (if applicable)
- Copy of Board Certification Certificate(s) (if applicable)
- Copy of ECFMG Certificate (if applicable)
- Copy of current license.
- Copy of W-9
- Copy of Curriculum Vitae
- Detailed explanation for any employment gaps

Please remember to return all materials in the enclosed envelope.

Upon receipt of your completed application, Alliance will begin the credentialing process. You will be notified once the process has been completed. Alliance must give payors thirty (30) days notice to add you to the network so your effective date will be thirty (30) days after credentialing is complete.

Please contact our Provider Relations or Credentialing Department at 806-351-5151 or 800-687-8007 if you have questions regarding your application.

IMPORTANT INFORMATION TO REMEMBER:

Please notify Alliance of updates to your practice information. Keeping Alliance updated will assist our customers in paying your claims. Please provide any updates regarding the things below and remember we must give our payors thirty (30) day notice of any changes. CHANGES CAN NOT BE MADE RETROACTIVE.

1. Tax Identification Number (TIN) Changes (New W-9)
2. Tax Identification Name Changes (New W-9)
3. Address Changes
4. Telephone Number Changes

Send updated information to the following address or fax number:

Alliance Regional Health Network
Credentialing Coordinator
P O Box 1110
Amarillo, TX 79175

Fax: 806-351-5160 or 806-351-5159

Please contact our Credentialing Department at 806-351-5153 or 800-687-8007 if you have questions.

Thank you.