



THERAPIST INFORMATION

CLINIC NAME: _____

PRIMARY
CLINIC ADDRESS: _____

SECONDARY
CLINIC ADDRESS: _____

Check Box if therapist is a contract employee: _____ *Name of Contract agency:* _____

| LICENSED THERAPISTS | | | | | Note: PREFERRED does not credential PTAs, OTAs or SLPAs | | | |
|---------------------|----|-----|-----|-----|---|-------|------------|-----------------|
| PT | OT | SLP | ABA | CHT | NAME | NPI # | CAQH ID #* | CERTIFICATION # |
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* If registered with CAQH, please ensure you have granted PREFERRED Therapy Providers authorization to review and obtain your data.

PREFERRED Therapy Providers, Inc. would like you to be aware that all information obtained through the credentialing process is confidential. At any time during the credentialing process you have the right to:

1. Review information submitted to support your credentialing application
2. Correct erroneous information.
3. Receive the status of your credentialing or recredentialing application, upon request.
4. Be Notified if information collected during the credentialing/recredentialing process varies substantially from the information that was collected by the practitioner (e.g., actions on a license, malpractice claims history, sanctions, board certification). If this situation arises, Preferred Therapy Providers will send a notification to the provider indicating such.

Should you wish to exercise these rights, please contact the PREFERRED Credentialing Department at credentialing@preferredtherapy.com or (623)250-7718.

Completion of the release form below is required for each therapist. Please submit one Release of Information per therapist.

RELEASE OF INFORMATION: I authorize Preferred Therapy Providers, Inc and/or its delegated agents to consult with and obtain from any and all individuals and organizations who can provide information concerning my professional liability coverage and claims, information bearing on my professional competence, ability to perform appropriate services and procedures, character, ethical qualifications and ability to work cooperatively with others. I release from liability and hold harmless both those individuals and organizations who have provided this information and Preferred Therapy Providers, Inc and its delegated agents in using this information. I understand I have the burden of producing adequate information for a proper evaluation or reevaluation of my professional, ethical and other qualifications. I acknowledge that any significant misstatement in, or omission of, information provided may result in the termination of my relationship with Preferred Therapy Providers, Inc.

PRINT NAME

DATE

**eSIGNATURE THERAPIST
REQUIRED**

eSIGNATURE AUTHORIZED SIGNER

PRIMARY SOURCE VERIFICATION INVOICE

EXPLANATION OF INVOICE:

- Professionals will be presented for Board approval by PREFERRED Therapy Providers, Inc., only after completing credentials verification.
- The per-practitioner credentialing fee of \$55.00 should be made payable to PREFERRED Therapy Providers, Inc.
- Should you have any questions, please call us at 800-664-5240 or email credentialing@preferredtherapy.com

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|-------------------------------|
| DUE DATE: UPON RECEIPT |
| CLINIC NAME: |
| MEMBER NUMBER: |

Please provide PREFERRED Therapy Providers, Inc. with the name and license number of the therapist(s) for whom you are paying in the spaces provided below:

| THERAPIST NAME | LICENSE NUMBER | |
|---------------------|---|-------------------------|
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| # OF NEW THERAPISTS | \$55.00 CREDENTIALING FEE PER THERAPIST | TOTAL AMOUNT TO BE PAID |
| X | = | |

PLEASE INCLUDE THIS INVOICE WITH YOUR PAYMENT (indicate below) TO PREFERRED THERAPY PROVIDERS, INC.

| | | |
|-----------------------------------|---|----------------------------|
| CHECK NUMBER: | | USE CARD ON FILE ENDING IN |
| CIRCLE ONE: AMERICAN EXPRESS | MASTERCARD | VISA |
| CARD NUMBER: | SECURITY CODE: | |
| EXPIRATION DATE: | | |
| PRINT CARD HOLDER NAME: | | |
| CONTACT PREFERRED: | 4022 E Greenway Rd Suite 11 Phoenix, AZ 85032 Phone 800-664-5240 / Fax 623.869.9102 / credentialing@preferredtherapy.com | |