



# PROVISIONAL CREDENTIALING ATTESTATION FORM INSTRUCTIONS

**This page contains information about the form and the conditions under which provisional credentialing is permitted. Please read the information below, complete and sign the attestation document on page 2.**

This form applies to newly licensed or recently relocated practitioners joining a group practice that is already participating with the Plan. These practitioners are eligible for provisional credentialing if they are applying to our Managed Care Organization networks and have not been credentialed within 90 days of the Plan having received their completed application.

If you meet these criteria, you must also attest that should your application be denied, you or your group practice will refund any payments made by EmblemHealth for network services provided that exceed any out-of-network benefits payable under a member's contract with EmblemHealth.

Further, you must attest that neither you nor your group practice shall pursue reimbursement from members, except to collect the copayment or coinsurance that would otherwise be payable had a member received services from a health care professional in the EmblemHealth network.

**Please note:** EmblemHealth has established the time frames for provisional credentialing for newly licensed or relocated practitioners at 6 months, after the 90-day period for standard credentialing has elapsed.

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# PROVISIONAL CREDENTIALING ATTESTATION FORM

In accordance with New York State Public Health Law, EmblemHealth allows provisional credentialing for recently licensed or recently relocated health care practitioners joining a group practice, given certain conditions.

Practitioner License Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

In order to determine whether you are eligible for this designation, please answer the following questions:

1. Are you joining a group practice already participating with EmblemHealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate group: _____	
2. Have you relocated to New York State within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you become a licensed health care professional within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This application, including any certification and questionnaire we request that you complete, is not a determination on your application. You will be notified of any such determination by separate correspondence.

## Provisional Eligibility

Please be advised that eligibility for this provisional designation is based upon your responses above and your confirmation that, should your application be denied, you or your group practice shall refund any payments made by EmblemHealth for network services you provide, which exceed any out-of-network benefits payable under a member's contract with EmblemHealth. You or your group practice shall not pursue reimbursement from members, except to collect the copayment or coinsurance that otherwise would be payable had a member received services from a health care professional in EmblemHealth's network.

**Please note:** Providers receiving provisional status cannot be designated for primary care.

## Attestation

I, _____, on behalf of _____ certify that: <i>(Print practitioner name)</i> <i>(Print group practice name)</i>
I/group shall refund any payments made by EmblemHealth for in-network services I/group provide that exceed any out-of-network benefits payable under a member's contract with EmblemHealth. I/group shall not pursue reimbursement from members, except to collect the copayment or coinsurance that otherwise would have been payable had the member received services from a health care professional in EmblemHealth's network.
_____ Date _____ <i>(Practitioner signature)</i>