

# Soteria Healthcare Network

## **MEMBER RE-CREDENTIALING CHECK-LIST**

**SEND YOUR MEMBERSHIP RE-ACTIVATION PACKAGE TO...**

Soteria Healthcare Network  
4080 McGinnis Ferry Road  
Building 800 - Suite 801  
Alpharetta, GA 30005

Questions: +770 455 8190 x 119

### **NAME & CLINIC TO BE ACTIVATED**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLINIC/ORGANIZATION NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### **PLEASE MAKE SURE YOU HAVE ENCLOSED ALL OF THE FOLLOWING MATERIALS**

- :: \_\_\_\_\_ :: Check List Indicating That All Materials Are Enclosed
- :: \_\_\_\_\_ :: Completed Georgia Uniform Reappointment Applications
- :: \_\_\_\_\_ :: Completed Soteria Healthcare Recredentialing Application
- :: \_\_\_\_\_ :: Copy of Current State Licensures (with expiration date)
- :: \_\_\_\_\_ :: Copy of Business Liability Insurance (with expiration date)
- :: \_\_\_\_\_ :: Copy of Current Malpractice Coverage (with expiration date)
- :: \_\_\_\_\_ :: Signed Professional Liability Claims Information Form - NOTE: Signature Required Even If N/A.
- :: \_\_\_\_\_ :: Completed W-9 Form

**NOTE: Please Be Sure You Have Completed Section IV. C. of GA Uniform Application. This Application Is Available for Download at: [www.SoteriaHealthcare.com](http://www.SoteriaHealthcare.com) – Click on “Credentialing Applications”**

**REMEMBER, PLEASE SEND YOUR MEMBERSHIP RE-CREDENTIALING PACKAGE TO...**

Soteria Healthcare Network  
4080 McGinnis Ferry Road  
Building 800 - Suite 801  
Alpharetta, GA 30005

**Questions: +770 455 8190 x 119**