



DOWNLOAD & COMPLETE THE ELECTRONIC APPLICATION FOR FASTER PROCESSING!

Download & Complete The Electronic Application By Visiting:

www.SoteriaHealthcare.com

or

Request A Copy Be E-Mailed To You At Info@SoteriaHealthcare.com

or

Call (770) 455-8190 x 119

SOTERIA HEALTHCARE NETWORK'S UNIFORM APPLICATION CHECKLIST & INSTRUCTION GUIDE

Soteria Healthcare Network
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IMPORTANT! PLEASE READ BEFORE PROCEEDING!

1. We Use Your State Approved "Uniform Credentialing Application". We Can E-Mail This To You If You'd Prefer! Just Call or Send Us Your E-Mail Address.
2. You've Probably Completed The Same Application In Order To Join Other Health Plans.
3. If The Information Is Still Correct, You May Make Us A Copy of That Application, & Simply Add A New Signature Page Which Can Save You A Lot of Time!
 - a. Request A Copy of Appl. Via E-Mail:
Info@SoteriaHealthcare.com
Tel: (770) 455-8190 x 119
4. It Is Very Important That We Receive All of Your Application/Credentialing Materials As Soon As Possible So That We May Meet Our Provider Access Standards For Your Area.
5. All Materials DUE Within 15 Days

Soteria Healthcare
4080 McGinnis Ferry Road,
Building 800, Suite 801
Alpharetta, GA 30005
Tel: (770) 455-8190 x 119
Fax: (770) 455-4120
E-Mail: Info@SoteriaHealthcare.com
Web Site: www.SoteriaHealthcare.com



:: GENERAL INSTRUCTIONS ::

1. All applicants must meet credentialing criteria for each specialty and must have at least two (2) years practice/specialty experience. No exceptions.
 2. This application contains all of the necessary information to credential any of the disciplines listed on page three (3). Please select one or more of the specialties listed for which you are applying to Soteria Healthcare for Membership. If you are applying for more than one specialty, please indicate with a check mark next to the Specialty Choices on page three (3). If all of the information is the same for each Specialty you've selected, please indicate in a cover letter attached with your application that you wish to apply for additional specialties and list which specialties.
 3. All applicants must complete and return page four (4) of this application with any necessary/required attachments. Missing documents may result in a processing delay's.
 4. Please circle the appropriate answer or fill in the blanks. Use "N/A" when a question is not applicable to your specialty. Missing answers may result in a processing delay of your application.
 5. Only one provider per application is permitted. Note: If you move, your Soteria membership moves with you.
 6. We Do Not Accept CAQH Data. HOWEVER, We Will Also Accept A Printed Copy of Your 'CAQH Data Summary' Appl. If You Send Us A Printed Copy of Your 'CAQH Data Summary' Appl., You Must Print & Sign Pages 10-15 of Part 1 & Mail Them Back To Soteria With The Required Documents Listed On The Checklist Below.
 7. To request additional applications for more than one provider please call Soteria's Network Development Office at 770 455 8190 x 137 or 800 816 2671 x 137 or e-mail us: UM@SoteriaHealthcare.com.
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:: HAVE ADDITIONAL COMMENTS OR QUESTIONS? ::

Contact: 770 455 8190 x 119

:: PLEASE RETURN THIS COMPLETED CHECKLIST & REQUESTED DOCUMENTATION WITHIN THE NEXT 15-DAYS ::



CHECKLIST

OF REQUIRED MATERIALS THAT MUST ACCOMPANY YOUR APPLICATION

(TO BE COMPLETED BY ALL APPLICANTS)

Applicant/Provider Name: _____ TEL: _____

Address: _____ Fax: _____

_____ #er. of Years In Practice? _____

Note: All Soteria Healthcare Network Members MUST Have At Least Two (2) Years Practice/Specialty Experience, No Exceptions.

To ensure prompt and accurate processing of your Application, please place a check mark below to ensure that all of the following items are attached with your application. Missing documents may result in a processing delay & We Do Not Accept CAQH Data. HOWEVER, We Will Also Accept A Printed Copy of Your 'CAQH Data Summary' Appl. If You Send Us A Printed Copy of Your 'CAQH Data Summary' Appl., You Must Print & Sign Pages 10-15 of Part 1 & Mail Them Back To Soteria With The Required Documents Listed On The Checklist Below.

If you are applying for more than one specialty, please indicate with a check mark below. If all of the information is the same, please indicate in a cover letter that you wish to apply for additional specialties. You must meet credentialing criteria for each specialty and all applicants must have at least two (2) years practice/specialty experience.

- | | |
|----------------------------|---------------------------------------|
| Acupuncture, MD/DO/DC/DPM | Behavioral Health |
| Biofeedback | Chinese Herbal Medicine |
| Chiropractic | Dietician – Registered/Licensed |
| Herbal Consultant | Holistic Nurse Practitioner |
| Homeopathy | Integrative Holistic Physician, MD/DO |
| Massage Therapy | Naprapathy |
| Naturopathic Medicine | Nutritionist |
| Occupational Therapist | Oriental Bodywork |
| Pain Medicine Practitioner | Personal Trainer/Exercise Specialist |
| Physical Therapist | Pilates Instructor |
| Reflexology | _____ Other |

REQUIRED DOCUMENTS TO BE INCLUDED WITH YOUR SOTERIA HEALTHCARE APPLICATION

These Documents Are Provided To You By Soteria.

- (1) **Soteria Healthcare's Provider Agreement** Be sure to sign and date page 1 and mail back to Soteria with your application.
- (1) **This Checklist Indicating That ALL Materials Are Enclosed** Unchecked items on this list may result in a processing delay.
- (1) **Your Current IRS W-9 Form** See Provided W-9 Form From Soteria.
- (1) **Uniform Credentialing Application Part 1** Spaces left empty or items not completed in the Application may result in a processing delay.
- (1) **Uniform Credentialing Application Part 2*** *This applies to GEORGIA CHIROPRACTORS ONLY.
- (1) **Current Curriculum Vitae** Months & Years Must Be Included, Beginning With College Through Present Day.
- (1) **Soteria Healthcare Application Part 2* (Called Part 3 In State of Georgia)** *In GEORGIA CHIROPRACTORS SEE THIS AS PART 3.
- (1) **Signed & Dated Professional Liability Information Form**
- (1) **Copy of Professional Liability Insurance That Includes Policy Period & Limits of Liability**
- (1) **A Copy of Your Current License With Expiration Date**
- (1) **A Copy of Your Current Certifications & Educational Diplomas, or Documentation of Specialty Training**
- (1) **Copy of Current Business Liability Coverage With Expiration Date**
- (1) **Credentialing Fee (See Payment Form For Fees)**
APPLICATIONS WILL NOT BE REVIEWED OR PROCESSED WITHOUT THE APPLICATION FEE.
All applicants must submit a completed application with the correct application fee. Please make check payable to: Soteria Healthcare Network
- (1) **A Copy of Your Current CPR Certification Certificate (If Applicable)**
 Only Applicable To Chiropractors In VA. Please Call Soteria To Verify If Certification Is Necessary In Your Area (770) 455-8190 x 119.
- (1) **A Copy of Your Current DEA Certificate, (If Applicable/N/A To GA DCs.)**

Required of ALL DC's, DPM's, DO's and MD's.



**IF YOU ARE PAYING BY CHECK, YOU DO NOT NEED TO COMPLETE THIS FORM. HOWEVER,
PLEASE MAKE CHECK PAYABLE TO "SOTERIA HEALTHCARE"
IF YOU HAVE ADDITIONAL COMMENTS OR QUESTIONS?
PLEASE Call: (770) 455-8190 x 119**

PAYMENT AUTHORIZATION FORM

Please submit a check for the amount listed below and attach to the top of your application and materials. **APPLICATIONS WILL NOT BE REVIEWED OR PROCESSED WITHOUT THE APPLICATION FEE.** All applicants must submit a completed application with the correct application fee. The check should be made payable to "Soteria Healthcare."

State of Georgia | Soteria Credentialing Fee

- \$150.00**
(Applies To Chiropractors Located In Georgia)