



Northern Colorado Individual Practice Association

PROVIDERS HAVE THE RIGHT TO:

- **Review information** obtained to evaluate their credentialing application. This evaluation includes information obtained from any outside primary source (malpractice insurance carriers, state licensing boards). This does not include disclosure of information prohibited by law or references or recommendations or other information that is peer review protected.
- **Correct erroneous information submitted.** If NCIPA Credentialing Staff discover any discrepancies in the information submitted with an application, the provider will be notified immediately and given the opportunity to correct the information within 30 days and submit applicable information in writing to the NCIPA Credentialing Staff. Corrections will be included in the applicants file with necessary documentation.
- **Be informed of the status of their applications upon request.** The provider may contact the NCIPA office in person, by telephone, or by email and may discuss with credentialing staff the status of their application and whether their application has any missing information, requests for additional information, fee-for-service agreement return, and credentialing time frames. Status information does not include disclosure of information prohibited by law, references, recommendations or information that is peer review protected.
- **Not be discriminated against based on race, ethnicity, gender, age, sexual orientation, or disability** unrelated to the capacity to fulfill the duties and responsibilities of the provider's profession, business category or types of procedures the provider specializes in.
- **Appeal** their credentialing decision
- **Be notified of these rights** in the initial credentialing/re-credentialing application letter.



PRACTICE INFORMATION

Name of Person being Credentialed

Name of Practice

Main office Address

Mailing Address if different from the above address

City State Zip Code

Phone Fax

Office Manager

Name of Person doing your credentialing

Who is the contact person that makes the decisions on the IPA messenger models?
This person would be making the decisions on what the IPA should negotiate for your contract rates

Billing Manager Phone number

Billing Address if different than the above address

HOW WOULD YOU AND YOUR STAFF LIKE TO BE NOTIFIED OF IPA INFORMATION?

FAX NUMBER EMAIL ADDRESS:

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If you have more than one practice location, please make copies of this form and complete one for each location.