



DPCI's Application Process

Delaware Physicians Care, Incorporated (DPCI) is committed to the quality of health care services delivered to our members. In support of this commitment, we have structured provider credentialing and contracting processes in place.

Practitioners wishing to apply for participation in the DPCI network should complete and return the DPCI Practitioner Application Prescreening Form in its entirety. As a participant with the Council for Affordable Quality Healthcare (CAQH), DPCI utilizes the CAQH uniform provider application.

- Practitioners ***joining an existing, participating DPCI provider practice*** should complete, sign and return the attached DPCI Participating Health Provider Agreement Attachment C **and** the Practitioner Application Prescreening Form and Addendum in their entirety.
- Practitioners applying for participation with DPCI ***as a new provider*** should complete and return just the DPCI Practitioner Application Prescreening Form and Addendum in their entirety. Our Network Development department will follow up with your office with DPCI contract documents, as appropriate.

If you have a current CAQH application on file, be sure to include your CAQH ID # on the Application Screening Form.

Please fax all completed documents to DPCI at **(866) 946-6066**, or by mail to: **Delaware Physicians Care 252 Chapman Rd, Ste 110, Newark, DE 19702**.

DPCI assesses all provider applicants before initiating credentialing and contracting processes. After an initial review of the application prescreening form, providers will be sent either 1) DPCI Participating Health Provider (PHP) Agreement (contract) (if one is not already on file) or 2) notification in writing, if DPCI determines the provider is unable to join the network.

The following steps must be successfully completed for providers to be eligible to provide care to DPCI members:

- 1) Credentialing application must be submitted correctly and completely.
- 2) Provider must be fully credentialed by DPCI.
- 3) New providers will be mailed a DPCI contract. Providers joining an existing group must complete the applicable contract documents to be added to the existing contract.
- 4) Provider must sign and return the DPCI contract documents.
- 5) When credentialing is complete and contract documents have been fully executed, the provider will receive notice from DPCI's Network Development department with the provider's effective date of participation, along with the fully executed contract (if it is a new contract).
- 6) Providers should refrain from scheduling and seeing DPCI members until you are notified of your participation effective date.

You will be notified of your participation effective date with DPCI when the full credentialing and contracting process is complete.

Please contact your Provider Relations representative with any questions about DPCI's provider application process at 800-287-9860.



Practitioner Application Screening Form

**Please complete one form per practitioner in practice, *in its entirety*.
 Fax completed form to (866) 946-6066, or mail to:
 Delaware Physicians Care, Inc. 252 Chapman Rd, Ste 110, Newark, DE 19702**

PLEASE PRINT CLEARLY

Date:	Contact Name:	Contact Phone #:
Is the provider joining an existing participating practice?		
Is provider applying as a new provider or practice?		
Provider Name:		
Professional Designation/Degree:		Title:
Specialty:		
Gender:	Date of Birth:	SSN:
Language spoken - Primary:		Language spoken - Secondary:
Practice Name:		
Address:		
City:	St:	Zip:
Primary Phone#:		
Primary Fax#:		
TaxID:		
DEA#:		NPI#:
CAQH ID, if known:		
License#:		License State:
Is provider a PCP?		If Yes, is provider accepting new members?
Does the provider have age limits for practice?		
Where does the provider have hospital privileges?		
Malpractice Coverage: (\$1M/\$3M) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FTCA		
Malpractice Carrier:		Policy#:
THIS SECTION IS FOR DPCI INTERNAL USE ONLY		
CONTRACT: ___ New ___ Existing If new contract, contract received? ___ If existing contract, Attcch C obtained? ___		

DELAWARE PHYSICIANS CARE

**PARTICIPATING HEALTH PROVIDER AGREEMENT
ATTACHMENT C
LIST OF HEALTH PROFESSIONALS
AND ACCEPTANCE OF TERMS**

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PHP/Group Name _____

Address _____ Phone Number _____

_____ Federal Tax ID Number _____

_____ Fax Number _____

Group NPI _____

Email Address: _____ Date _____

This Attachment C. must be completed if PHP is an entity, or if PHP is an individual, and a Health Professional other than PHP will perform Covered Services. This Attachment C, as may be amended from time to time, shall list the Health Professionals who (i.) own, are employed by, or under contract with, the PHP, including locum tenens; and (ii.) will perform Covered Services under this Agreement. Each Health Professional listed on this Attachment C. must sign the Acceptance of Terms at the end of this Attachment C. to indicate that the Health Professional agrees to provide Covered Services pursuant to the terms of this Agreement. PHP may amend this Attachment C. by giving DPCI at least ninety (90) days advance written notice of the Health Professional's addition to or deletion from the list below. PHP may only add a Health Professional that DPCI has determined meets DPCI credentialing criteria. A deletion does not require PHP to deliver a new Attachment C. An addition requires PHP to deliver a supplemental Attachment C containing the following information about the new Health Professional(s) and a signature page for the new Health Professional(s) on the Acceptance of Terms By Health Professional form but does not require new signatures by existing Health Professional(s).

Provider Name	Specialty	Medical License Number	NPI Number	Tax ID Number	BNDD-DEA#

DELAWARE PHYSICIANS CARE

**PARTICIPATING HEALTH PROVIDER AGREEMENT
ATTACHMENT C
LIST OF HEALTH PROFESSIONALS
AND ACCEPTANCE OF TERMS**

ACCEPTANCE OF TERMS BY HEALTH PROFESSIONAL

In consideration of the opportunity to perform Covered Services under the Participating Health Professional Agreement between DPCI and the PHP listed on the signature page of this Agreement (the "Agreement"), the undersigned accept and agree to be bound by the terms and conditions of the Agreement, with the same effect as if the undersigned had personally executed the Agreement. The undersigned acknowledge that the Agreement contains certain requirements that a Health Professional under the Agreement must follow at all times, including that the Health Professional must:

- a. be fully licensed to practice medicine in State without restriction and without being subject to any disciplinary or corrective action;
- b. maintain without restriction or limitation certification and authorization as a Medicare and State Medicaid program provider, with no sanctions, debarment or exclusion under any federal healthcare program, and no convictions of any felony or any healthcare offense;
- c. maintain without restriction or limitation all customary narcotics and controlled substances numbers and licenses;
- d. maintain without restriction or limitation privileges at a State-licensed hospital;
- e. continuously meet all credentialing requirements imposed by DPCI;
- f. continuously follow all Applicable Law DPCI Policies and obligations and requirements of DPCI under the DPCI Contract; and
- g. be continuously covered by professional liability insurance as set forth in Attachment A, Section III. of this Agreement.

Signature _____ Date _____

Typed Name _____