BlueCross BlueShield
Illinois · Montana · New Mexico
Oklahoma · Texas

TX Initial Credentialing Checklist

Fully Completed Texas Standardized Credentialing Application

Section 1 – Individual Information

☐	Type of Professional
☐	Name
☐	General Information(Gender, DOB, SSN, City/State/Country of Birth)

Education/ Attachment B

☐	Graduate/Professional School(s)
☐	Training-List all training programs attended relative to practicing specialty

Licenses and Certificates/ Attachment A

☐	Professional IDs (State and DEA)

Professional / Specialty Information

☐	Primary Specialty
☐	Secondary Specialty (if applicable)
☐	Board Certification information

Work History (Initial Credentialing only)/ Attachment C

☐	Work History (must have five (5) years with no gaps greater than six (6) months)
☐	Gaps in Professional/Work History (explanation of work history gaps)

Hospital Affiliations/ Attachment D (MDs/DOs ONLY)

☐	Admitting Arrangements (hospitalist, covering physician)/Hospital Coverage Letter
☐	Hospital Privileges

Professional Liability Insurance Coverage

☐	Required Information: • Insurance carrier; • Policy number; • Effective date (MM/DD/YYYY); • Expiration date (MM/DD/YYYY); • Occurrence and aggregate amount. Note: $200,000 per occurrence/$600,000 aggregate is the minimum required.

Practice Location Information / Attachment F

☐	Primary location information (location, phone, fax, e-mail, and TIN)
☐	Office Manager or Credentialing Contact

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Section II - Disclosure Questions

☐	All questions must be answered and any question answered 'YES' must have an explanation.

Section III – Standard Authorization, Attestation and Release

☐	Page 11: • Must have BCBSTX in the entity box (Non-CAQH TDI Applications only); • Initial and date.
☐	Page 12: • Signature (cannot be stamped); • Printed name; • Last 4 digits of SSN or NPI number; • Date.

Attachments

☐	DEA (if applicable)
☐	Board certification information (if applicable)
☐	Any supplemental forms with an explanation to disclosure questions answered "YES"
☐	Current certificate of insurance