




## MD, DO, DMD, DDS, OD, DPM, DC Physician Credentialing Requirements

**Instructions:** Credentialing in the  product line offered by Significa Benefit Services (Significa) requires submission of the documents listed below. Please complete all documents in entirety. Signatures and dates are required before submission to Significa for the final credentialing process. If you have any credentialing questions, please feel free to call us at 888-498-9648.

### Documents requiring completion or signature

**NEW** -  Standard Application in PDF Fill-in (the fastest way to complete for signature and submission) - download @ <http://www.ehpservices.com/providers/pdf/ehpstandardapp.pdf>

Or -

PA Standard Application  
download in PDF @

<http://www.pamedsoc.org/DocumentVault/VaultPDFs/PracticeManagementPDFs/RunningaPracticePDFs/StandardApplication.aspx>

download in Word @

<http://www.pamedsoc.org/DocumentVault/VaultWord/PracticeManagement/PennsylvaniaStandardApplication.aspx>

If you do not have internet access, please call our office and we will supply a copy of the application.

Signed and dated Authorization for Release of Information

Signed and dated Contract signature page

### Additional Documents required (copies acceptable)

Current Medical License (in the state corresponding to practice location)

Current DEA Certificate

Proof of Liability Insurance (policy/certificate face sheet stating limits and renewal dates)

Work History (may include on application or submit Curriculum Vitae)

If Board Certified

Evidence of Board Certification

If not Board Certified

Evidence of medical school graduation; and,

Evidence of completion of Residency

Please submit the above documents along with completed checklist to:

Manager of Credentialing

Significa Benefit Services

PO Box 8737

Lancaster, PA 17604-8737

Fax 717-399-1693 or email scanned documents to [providerrelations@ehpservices.com](mailto:providerrelations@ehpservices.com)