



Behavioral Healthcare Provider (Non-Physician) Credentialing Requirements

Instructions: Credentialing in **ehp** product line(s) 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** - **ehp** 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.

Please identify the appropriate Behavioral Health sub-specialties on the application: (such as – General, Addictions/Substance Abuse, Geriatrics, Eating Disorders, Pediatric/Adolescent, etc.)

___ Signed and dated Authorization for Release of Information

___ Signed and dated contract signature page

Additional Documents required (copies acceptable)

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

___ Evidence of Graduation from appropriate training program

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

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

If not Licensed

___ Three (3) letters of recommendation by licensed practitioners in applicant's specialty or by licensed psychiatrists

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