



Physician Extender and Therapist Documentation Requirements

Instructions: Inclusion in **ehp** product line(s) offered by Significa Benefit Services (Significa) requires submission of the documents listed below. Physician extenders include such healthcare professionals as: CRNAs, CRNPs, Nurse Mid-Wives, Physician Assistants, Physical and Occupational Therapists and Speech Pathologists. Please submit all documents in entirety. If you have any 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.

Additional Documents required (copies acceptable)

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

___ Current DEA certificate (if applicable)

___ Evidence of Board Certification or Eligibility

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

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