



HOSPITAL / FACILITY
Documentation Requirements

Instructions: Inclusion in the ehp product line(s) offered by Significa Benefit Services (Significa) requires submission of the documents listed below. Please submit all documents in entirety. If you have any credentialing questions, please feel free to call us at 888-498-9648.

Documents/Information required (copies acceptable)

Form containing a checklist of required documents and services, including items like 'Appropriate Licensure and Evidence of Good Standing', 'Proof of General and Professional Liability Insurance', and a list of services such as Acute Care, Sub Acute Care, etc.

Note: Each facility has an ongoing responsibility to maintain appropriate standards and is required to report the following within 30 days of any such event:

- 1) Any change in a Facility's license to provide health care services
2) Exclusion, suspension or involuntary termination from any HMO, PPO or managed care organization.

Please provide the name, title, email address and telephone number of the individual responsible for network correspondence and negotiation below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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