



Practice Checklist

NOTE: All signatures on forms MUST be in BLUE INK by a Physician Owner of the Practice!!!			
	DATE REQUESTED	<input type="text"/>	FOR MEDENET USE ONLY
	DATE COMPLETED	<input type="text"/>	
	COMPLETED BY	<input type="text"/>	

ITEMS NEEDED FROM CLIENT	FORMAT	DATE REC'D	FOR MEDENET USE ONLY	
	Provided in xls, csv, doc, tiff, pdf, paper			
Practice Information - CURRENT copies of all items				
@New Client Information Form - Practice Information	<input type="text"/>	<input type="text"/>	GP01	pers prac/prac info recd mm-dd-yy
@New Client Information Form - Practice Insurance Information	<input type="text"/>	<input type="text"/>	GP02	"/prac ins info recd mm-dd-yy
@New Client Information Form - Online Insurance Information	<input type="text"/>	<input type="text"/>	GP03	"/online ins info recd mm-dd-yy
@New Client Information Form - Financial Policies	<input type="text"/>	<input type="text"/>	GP04	"/fin policy recd mm-dd-yy
@New Client Information Form - Miscellaneous Information	<input type="text"/>	<input type="text"/>	GP05	"/misc info recd mm-dd-yy
@New Client Information Form - Additional Locations	<input type="text"/>	<input type="text"/>	GP06	"/addl locs recd mm-dd-yy
@New Client Information Form - Client Communications	<input type="text"/>	<input type="text"/>	GP07	"/client comms recd mm-dd-yy
@Client Contact Information Form	<input type="text"/>	<input type="text"/>	GP08	"/client contacts recd mm-dd-yy
#CP575 or 8109 tax coupon (If using tax identification # to file claims)	<input type="text"/>	<input type="text"/>	GP09	"/TIN info recd mm-dd-yy

#Official NPI Notification for PRACTICE Number (Copy of NPPES notification)	<input type="text"/>	<input type="text"/>	GP10	contracts/NPI/[data set] grp npi
#Bank Verification Letter (follow instructions on Bank Letter tab)	<input type="text"/>	<input type="text"/>	GP11	pers pract/ bank ltr mm-dd-yy
#Blank Voided Bank Check - Quantity 5 Originals!	<input type="text"/>	<input type="text"/>	GP12	"/voided checks recd mm-dd-yy
#CLIA Certification of Compliance (if performing laboratory services) for each location	<input type="text"/>	<input type="text"/>	GP13	"/CLIA Fed Loc [#] exp mm-dd-yy
#General Liability Insurance for each location	<input type="text"/>	<input type="text"/>	GP14	"/gen liab exp mm-dd-yy
#HCFA printout of a patient with insurances (MCARE, MCAID, BCFL, Aetna, Cigna, Other)	<input type="text"/>	<input type="text"/>	GP15	"/sample HCFAs recd mm-dd-yy
#Complete 1-Day's worth of work - both Ofc & Hosp (demos, insurance cards, license copies, billing)	<input type="text"/>	<input type="text"/>	GP16	"/sample day recd mm-dd-yy
#CPT Codes & Fee Rates to be charged (Excel or comma delimited file)	<input type="text"/>	<input type="text"/>	GP17	cpt.../fee sched orig recd mm-dd-yy
#Superbill/Encounter Form	<input type="text"/>	<input type="text"/>	GP18	"/superbill orig recd mm-dd-yy
#Hospital Billing Format (If providing service in Inpat or OutPat setting)	<input type="text"/>	<input type="text"/>	GP19	pers prac/sample hosp format recd mm-dd-yy
#EOB's received from carriers in the past 60 days (Top 20 carriers only)	<input type="text"/>	<input type="text"/>	GP20	pers prac/sample EOBs recd mm-dd-yy
#Patient Registration Forms	<input type="text"/>	<input type="text"/>	GP21	"/pt reg forms recd mm-dd-yy
#Sample Medical Records for New patient & Established patient	<input type="text"/>	<input type="text"/>	GP22	"/sample med records recd mm-dd-yy
#List of all Referring Drs (Excel or comma delimited file, with name, addr, UPIN, NPI)	<input type="text"/>	<input type="text"/>	GP23	"/referring drs recd mm-dd-yy
#List of Diagnoses Used (Excel or comma delimited file)	<input type="text"/>	<input type="text"/>	GP24	cpt.../dx list original recd mm-dd-yy
#List of all Insurance Companies (Excel or comma delimited file)	<input type="text"/>	<input type="text"/>	GP25	pers prac/ins co list recd mm-dd-yy

Medenet Information

#For IDTFs - Copy of Original Medicare Application & all Addendums	<input type="text"/>	<input type="text"/>	GM01	contracts/MCR orig app from ofc
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#Any Special Billing Instructions (Please attach memo)

GM02

pers prac/spec grp inst recd mm-dd-yy

Symbol Legend for Package

& - Sign by Physician Owner of the Practice, DON'T DATE - BLUE Ink - nothing else to do on form

* - Sign by Provider, DON'T DATE, BLUE Ink - nothing else to do on form

@ - **Complete Enclosed Form**

- Practice / Physician to Provide this Document

Email electronic files to credst3@medenet.net

Important: Save the completed PDF form (use menu File – Save).