



Provider: _____

Practice(s): _____

Date: _____

Credentialing Checklist

HearPO requires current copies of the following items in order to complete the credentialing process. Please complete and forward all requested materials within 10 days. Each provider, to be credentialed at your facility, fills out the HearPO Application, Provider Credentialing Interview a Provider Agreement.

- HearPO Application
- Completed Provider Credentialing Interview
- Completed Provider Agreement
- *Practice Credentialing Interview
- *W-9 Form

*These forms do not need to be filled out if you are adding a provider to an already credentialed site.

COPIES of the following items must be attached:

- State Audiology License (*showing expiration*)
- State Hearing Aid Dispensing License (*showing expiration*)
- Liability Insurance Certificate (*required 1 million per occurrence/3 million aggregate*)
- Master's or Doctorate Degree
- Medicare number (*optional*)
- Medicaid number (*optional*)

Please forward this checklist and all requested materials to:

**HearPO Credentialing
5000 Cheshire Lane North
Plymouth, MN 55446
763-496-0259-fax**