

ACU-CARE APPLICATION CHECKLIST

Provider Last Name: _____ First Name: _____

Print and use this checklist when compiling your documents for your Acu-Care Application. By submitting a complete Application it will be processed more quickly.

STEP 1: Forms from Acu-Care website

- Application for Acu-Care Acupuncture Network
 - *A personal and business (two emails) must be provided.
- Authorization and Release form
- Acu-Care HealthCare Provider Agreement
- W9
- CIGNA Choice Letter
- Signed Contract Summaries for participation in each Acu-Care contracted company. (see Step 3 on Website)

STEP 2: Document copies you need to provide

- The Declaration page of your MALPRACTICE (Professional Liability) Insurance Policy.
 - o The insurance limits must be at least 1 Million per Occurrence and 3 Million Aggregate
- The Declaration page of your Office Liability Insurance Policy.
 - o The insurance limits must be at least 1 million per occurrence and 2 million Aggregate.
- A current Curriculum Vitae/Resume
 - o Covering the last five (5) years, documented with a month/year start date and month/year end date.
 - o Any gaps must be explained.
 - o Please include a personal email where provider can be reached.

STEP 3: Signed Contract Summaries for contracted company participation

- Cigna PPO
- Cigna HMO
- CorVel (workers comp only)
- Coventry HealthCare, Coventry Workers Comp, Coventry First Health (choose one or all)
- HealthSmart
- Multiplan
- Prime Health Services

STEP 4: Fees you need to pay by check or credit card. *For credit card payment please call and submit by phone.*

- \$50 Application processing
- \$300 Annual Membership Fee (CA) / \$175 New Mexico
- \$100 Site inspection Fee (each location)

STEP 5: Submit your Application

- Mail: Acu-Care, 2500 E Foothill Blvd, Suite 401A, Pasadena CA 91107
- Email: acucare@acucare.com or to info@acucare.com