

# ACU-CARE APPLICATION CHECKLIST

For your convenience, please print and use this checklist when compiling your documents for submission. Your application will be processed quicker, and you will be approved for membership sooner.

## STEP 1: Forms

- Application (two pages)
- Authorization and Release form
- Acu-Care HealthCare Provider Agreement
- W9

## STEP 2: Documents (copies are acceptable)

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

## STEP 3: Contracts (Please select, print and sign the contracts you wish to participate in)

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

## STEP 4: Fees

- \$50 Application processing
- \$300 Annual Membership Fee (CA)
- \$100 Site inspection Fee (each location)  
(See enclosed credit card form)

## STEP 5: Submit to:

- Email: [acucare@acucare.com](mailto:acucare@acucare.com)