

## Application Checklist

Please make sure that the following items are complete before sending your application in:

**\*\*INCOMPLETE APPLICATIONS WILL DELAY YOUR CREDENTIALING PROCESS\*\***

- **Genesis Physician Group Membership Application Page** (All questions must be answered)
- **Texas Standardized Credentialing Application (Revised 01/07)**. All questions **must** be answered. Please include copies of diplomas. **Signatures and/or initials on pages 11 and 12; must be original and less than 30 days old upon receipt and cannot be faxed. If no box that matches, write N/A. Must have something in each box; if no date range, use "current". Use blue ink for all signatures.**
- Attach a copy of current **Drug Enforcement Administration (DEA) Certificate**.
- Attach a copy of current **Certificate of Malpractice Insurance**. Applications will not be presented to the credentialing committee without current malpractice insurance coverage of \$200,000.000/ 600,000.00 (need expiration data on insurance certificate).
- Attach a copy of current **Texas State Medical License** (Physician Permit showing expiration date)
- Attach a copy of current **Department of Public Safety (DPS) Certificate**
- **W-9 Form** – **must match with IRS**
- **Health Care Financing Administration (HCFA) Form** (Please complete only boxes 25, 31, 32 and 33)
- **Proof of hospital privileges from the hospital or Letter of Coverage** if you do not have hospital privileges yet. **Letter must have signature of covering physician.**
- Attach a copy of **Policies & Procedures related to Scope and Supervision of Nurse Practitioner (NP), Physician's Assistant (PA) and Allied Health Professional (AHPs)** (if employed by the physician/group)
- **Participation Agreement** (Please sign and date) **with original signatures, pages 11, 12. Use blue ink for all signatures.**
- **\$150 non-refundable Application/Credentialing Fee** payable to GPG Holding Company.
- **Membership Fee** according to specialty. Make check payable to GPG Holding Company.
- Attach a copy of **current Clinical Laboratory Improvement Amendments (CLIA) Certificate** including expiration date, if the yes box is checked on the Texas Standardized Application page 7 for X-rays performed in the doctor's office.
- Attach a copy of **Bureau of Radiation Control Certificate**, if the yes box is checked on the Texas Standardized Application page 7 for X-rays performed in the doctor's office.
- **Electronic Discount Agreement** (Please sign and date)
- **Office Site Visit** **required for Primary Care Physicians.**

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