



PROVIDER INFORMATION FORM

IDENTIFICATION INFORMATION			
PROVIDER LAST NAME		PROVIDER FIRST NAME	TITLE
NPI NUMBER		PROVIDER TYPE (PCP, SPECIALIST, ETC)	
ACCEPTING NEW PATIENTS (Y or N)	TAXONOMY CODE	CAQH NUMBER	DOB
PRIMARY SPECIALTY		SECONDARY SPECIALTY	
KENTUCKY LICENSE NUMBER		PRIMARY LANGUAGE	SECONDARY LANGUAGE
SERVICE LOCATION INFORMATION			
PRACTICE/GROUP NAME		TAX ID NUMBER	
PRIMARY LOCATION ADDRESS			
GROUP NPI	LOCATION PHONE NUMBER	LOCATION FAX	
CORRESPONDENCE ADDRESS			
BILLING ADDRESS			
*****ADDITIONAL PAGES MAY BE ADDED TO PROVIDE ADDITIONAL SERVICE LOCATION INFORMATION IF REQUIRED.			
CONTACT INFORMATION			
CREDENTIALING CONTACT NAME	CREDENTIALING CONTACT PHONE	CREDENTIALING CONTACT EMAIL	
MAIN OFFICE CONTACT NAME	MAIN OFFICE CONTACT PHONE	MAIN OFFICE CONTACT EMAIL	
BILLING CONTACT NAME	BILLING CONTACT PHONE	BILLING CONTACT EMAIL	

Revised 10/23/2013



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ADDITIONAL SERVICE LOCATION INFORMATION		
PRACTICE/GROUP NAME		TAX ID NUMBER
ADDITIONAL LOCATION ADDRESS		
LOCATION PHONE NUMBER		LOCATION FAX
CORRESPONDENCE ADDRESS		
BILLING ADDRESS		
PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE	PRIMARY CONTACT EMAIL
ADDITIONAL SERVICE LOCATION INFORMATION		
PRACTICE/GROUP NAME		TAX ID NUMBER
ADDITIONAL LOCATION ADDRESS		
LOCATION PHONE NUMBER		LOCATION FAX
CORRESPONDENCE ADDRESS		EMAIL ADDRESS
BILLING ADDRESS		
PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE	PRIMARY CONTACT EMAIL

Revised 8/23/2013



CREENTIALING POLICY INFORMATION & DISCLOSURES

PROVIDER RIGHT TO REVIEW INFORMATION

All providers have the right to review the information obtained by KYHC to evaluate their credentialing application. Providers requesting access to the information within their own records may do so at the discretion of KYHC and its legal counsel. Some information obtained and reviewed during credentialing and re-credentialing is privileged and confidential to the extent confidentiality is permitted by applicable federal and state laws and regulations. KYHC will not allow a provider to review references, recommendations, or other information that is protected by applicable peer review laws and regulations.

NOTIFICATION AND CORRECTION OF ERRONEOUS INFORMATION

In the event that any discrepancy between the information submitted in a credentialing application and the information received by another source, the provider will be notified in writing within five (5) business days of that discovery. The provider will be asked in the notification to correct any erroneous information with an explanation of the reason for the discrepancy and to resubmit the appropriate documentation within ten (10) business days. If the provider cannot correct the erroneous information within the requested ten (10) business day timeframe, the provider must submit in writing that he/she is in the process of correction, and when the appropriate documentation will be available. KYHC may decide to suspend or terminate the credentialing process until the corrected information is available. The provider will be notified immediately if KYHC decides to suspend or terminate the credentialing process. The provider will also be notified at that time of the steps he/she must undertake to begin or restart the credentialing process once the erroneous information is corrected, and documentation of the correction is available to support his application.

CONFIDENTIALITY & NON-DISCRIMINATION

All information received through the application or the verification process will be kept in strict confidence in order to protect all parties involved. Only those actively involved in the KYHC credentialing process shall have access to the credentialing files and credentialing software records. KYHC has implemented several administrative process to ensure that you privacy is protected throughout the credentialing process.

The processes used to credential and re-credential practitioners/providers that apply for participation in the KYHC network are conducted in a non-discriminatory manner. Individual characteristic issues of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, sexual orientation, status as a disabled or Vietnam-era veteran, or types of procedures, or types of patients the practitioner provides treatment for, are not considered during the credentialing or re-credentialing process.

RIGHT TO BE INFORMED OF APPLICATION STATUS

Providers have the right to be informed of their application status. Should you wish to inquire about status of your application a written request may be submitted to providercredentialing@mykyhc.org or via fax request to the attention of Provider Credentialing at (502)272-4587. A member of our Provider Services staff will respond via email with the most up to date status information available regarding credentialing status.

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For additional information regarding the KYHC credentialing process, refer to the KYHC Provider Manual