

## Network Provider Application Requirements

Please complete the Oklahoma Uniform Credentialing Application (OUCA), attached Supplement, and submit with the required attachments listed below.

Type or print your responses and complete all sections of this Application. If an area of inquiry is not applicable to you or your practice, please indicate. If you need additional space to provide COMPLETE answers, attach additional sheets of paper and clearly indicate the item to which each sheet applies.

***Retain the Contract for your records.***

### REQUIRED ATTACHMENTS

***Please attach a copy of each of the following documents to your completed Application:***

- Current state(s) license(s)**
- Current DEA registrations (narcotics license), if applicable**
- Current state narcotics registration, if applicable**
- Face sheet of current professional liability insurance policy**  
Insurance Certificate/Face Sheet must have the name of the applicant listed as the insured and must indicate that is it professional liability coverage. The insurance limits must be at the levels required in the Contract.
- W-9 form for each Federal Tax ID Number**  
W-9 forms must be signed and list only the Federal Tax ID Number or Social Security Number for each location listed on the Application which will be used on claim forms submitted for reimbursement.
- Contract Signature Page**
- Electronic Funds Transfer (EFT) Form and voided check or bank letter**
- Contract Signature Page**
- Uniform Credentialing Application (UCA)**
- UCA Supplement Form**

**Incomplete Applications will be returned**

