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MS MD/DO WHP PRACTITIONER CHECKLIST
Credentialing Application-Medicare*Extra*

- Signed and completed Mississippi State Application/Attestation Statement
- Signed and completed Provider Release of Information
- Signed and completed State Volunteer Authorization Release
- Copy of **current** Medical License(s)
- Copy of **current** Board Certification
- Copy of **current** DEA License or Certificate of Fitness
- Copy of Malpractice Insurance Certificate(s) **within past 5 years unless in a residency program**
- Explanation of Malpractice History (**for any case within past 5 years**)
- Signed and completed W-9 form
- Copy of current Curriculum Vitae or Work History

Please make sure your packet contains all forms and are signed and dated before returning to WHP. Failure to do so will delay the credentialing of your information.