



## Inland Empire Foundation For Medical Care

P.O. Box 2425 | Riverside, CA 92516

(951) 686-9049 ext 313

Website: [www.cfmcnet.org](http://www.cfmcnet.org)

### Initial Ancillary/Allied Application and Checklist

- **California Participating Provider Application**
  - **All pages**
  - **Attestation Questions\***
  - **Signed Information Release\***
  - **Addendum A\*** of the CPPA (*Health Plans and IPA's/Medical Groups*)
  - **Addendum B\*** of the CPPA (*and any needed additional documentation for past 7 years of malpractice history*)
  - **Addendum C\*** of the CPPA (*rights/ responsibilities*)
  - **Copy of W-9**
- Copy of updated **Curriculum Vitae** (*CV all providers*)  
(*This must include month and year for all dated education and work history*)
- Copy of Current **Professional License** (*all providers*)
- Copy of Current **DEA Certificate** (*if applicable*)
- Copy of Current **Professional Liability Insurance** (*all providers*)  
(*This must indicate amount of coverage required 1m/3m with current expiration date*)
- Copy of **Board Certification Specialty** (*review specialty listing on profile-if applicable*)

**\*Stamped signatures are not acceptable!**

**Please send your completed credentialing packet via fax or email to:**

- **EMAIL: [ngonzalez@rfasi.com](mailto:ngonzalez@rfasi.com)**
- **Mail: Inland Empire Foundation for Medical Care**  
**P.O. Box 2425 Riverside, Ca 92516**
- **Fax (951) 686-1692**

**Please direct credentialing questions to Nancy Gonzalez at  
(951) 686-9049 ext. 313 or via email [ngonzalez@rfasi.com](mailto:ngonzalez@rfasi.com)**