



# Inland Empire Foundation For Medical Care

P.O. Box 2425 | Riverside, CA 92516

(951) 686-9049

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

## New Provider Credentialing Application and Checklist

### Required for all providers

- **California Participating Physician or Allied Health Application** or a **Copy of CAQH Report** is accepted with wet signatures.
  - **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*)
  - **Addendum D\*** of the CPPA (*Required by PCP's only*)
  - **Board Certification Statement** (*Providers not board certified in area of specialty*)
  - **Verification Qualifications** (*for HIV/AIDS Physician Specialist*)
  - **Copy of W-9**
- Copy of updated **Curriculum Vitae (CV)**  
(*This must include month and year for all dated education and work history*)
- Copy of Current **Professional License**
- Copy of Current **DEA Certificate** (*if applicable*)
- Copy of Current **Professional Liability Insurance**  
(*This must indicate amount of coverage required 1m/3m with current expiration date*)
- **IEFMC Provider Agreement signed.**
  - **Please note Article 4.2 (Membership Fees and Good Standing), the initiation fees is due upon receipt of new application and are due annually. RCMA members in good standing fee is waived.**

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

**Please send your completed credentialing packet to:**

- **EMAIL:** [ngonzalez@rfasi.com](mailto:ngonzalez@rfasi.com)
- **MAIL:** Inland Empire Foundation for Medical Care  
Attention: Credentialing  
PO Box 2425, Riverside, Ca 92516

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