



Inland Empire Foundation For Medical Care

P.O. Box 2425 | Riverside, CA 92516

(951) 686-9049 ext 313

Website: www.cfmnet.org

Re-Credentialing Physicians, Ancillary, Allied Application and Checklist

Required for all providers:

- Inland Empire Foundation for Medical Care (IEFMC) Profile Verification- signed and dated.
- Re-application Credentialing documents all forms signed and dated.
- **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**
- **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**