



# Member Application Required Components

**The following materials must be included in your complete application. All of the other materials in the application packet are for you to keep.**

**\* Please note: Original signatures are required on application documents. Typed signatures will not be accepted.**

**For the practice:**

- PTPN Member Application/Credentialing Form, signed by owner\* (including clarifications of question 13, if applicable)
- PTPN Member Agreement, signed by owner\* on page 6
- PTPN Initial Credentialing Standards Form
- W-9
- Face sheet from *malpractice insurance* showing 1) Professional Liability policy limits (per incident and aggregate), 2) expiration date, 3) clinic address, and 4) roster of covered professional staff from the carrier
- Face sheet from *general liability insurance* showing 1) General Liability policy limits (per incident and aggregate), 2) expiration date, and 3) clinic address
- Latest Medicare Certification letter listing group PTAN
- Payment Authorization Form
- NPI number for practice

**For each therapist at the practice:**

- PTPN Attestation, signed by each therapist\*
- Resume and/or work history showing month and year at each place of employment (if there is a gap in work history larger than 6 months, please include explanation as to why)
- NPI number

**Please sign and return this form with your completed application. Incomplete applications cannot be processed.**

To: PTPN, Attn: Steve Blizin  
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Calabasas, CA 91302

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Signature

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Date