



CREDENTIALING INSTRUCTIONS

Please copy the Credentials Application for each Provider in your practice. Include copies of the following with the application:

- ❑ Medical License
- ❑ DEA Certificate
- ❑ Malpractice Insurance Verification
- ❑ Curriculum Vita
- ❑ W-9

Return application(s) and copies to :

OMCA
PO Box 20908
Louisville, KY 40250-0908
ATTN: Provider Relations

*Questions??? Contact OMCA Provider Relations at (800)633-5960
or in the Louisville area (502)495-5040.*