

HSC Credentialing Support Services

CREDENTIALING REQUEST FORM

Facility: _____

Medical Staff Office (MSO) Contact: _____

Phone: _____ Email: _____

Date submitted to CSS: _____

Date MSO requires CSS to complete by: _____

Please choose type:

MSO received a completed / signed application package which is included with this form (email or fax).

MSO received a completed / signed application package ready to be uploaded into MD-Staff. *CSS staff will create a provider record and notify you when full application can be uploaded.*

MSO received a request from a provider to join the medical staff &/or request privileges. *CSS staff will send an application package to the provider or designee.*

For new application requests only, check here if CSS needs to follow-up on receipt of initial application:

Please complete this information:

Provider Full Name: _____

Degree: _____

Specialty/Privilege Type _____

Date of Birth: _____ NPI: _____

Mailing Address: _____

Provider Phone: _____

Email: _____

Comments (please let the CSS know of any special circumstances or include any other instructions):

SUBMIT THIS FORM TO THE CREDENTIALING SUPPORT SERVICES GENERAL MAILBOX-
LIFE.CredentialingSupport@LPNT.net

330 Seven Springs Way, Brentwood, TN 37027
Fax: (615) 920-8703