



MEDICAL CREDENTIALING INSURANCE & DME CREDENTIALING

Insurance & DME Profit Center

For a small investment, create or expand offerings that will increase profits for your practice

STOP Referring Out DME

DME distributors get rich on your referrals! Find out how your practice can easily fulfill DME, capture significant reimbursements and enhance patient loyalty

Increase Insurance Options

Grow patient base with more insurances accepted within your practice



Medicare



Humana



Cigna



UnitedHealthcare

INDUSTRY-LOW RATES

DME Credentialing (855s)

• \$1,500 + \$598 (CMS application fee) = \$2,098 total

PAYMENT ARRANGEMENTS: \$998 deposit, \$1,100 paid when application approved

Medicare Credentialing (855b, 855r)

• \$250 per-application

PAYMENT ARRANGEMENTS: \$100 deposit, \$150 paid upon application approval

Commercial Insurance Credentialing

• \$250 per-application

PAYMENT ARRANGEMENTS: \$100 deposit, \$150 paid upon application approval

Rates subject to change.

QUESTIONS? CALL: 855.854.6332

ASK ABOUT
PHYSICIAN
HIRING AND
MEDICAL
BILLING
SERVICES!

CREDENTIALING SERVICES ORDER

Yes! Please, sign up our organization up for IPS Physician Credentialing Services. Available options:

- DME Credentialing (855s)
- Medicare Credentialing (855b, 855r)
- Commercial Insurance Credentialing

Clinic Name: _____

LIST CLINICS REQUESTING CREDENTIALING

| Address/City/State/Zip | Contact Name | Phone(s) | Credentialing/Plan DP | DP Due |
|------------------------|--------------|----------|---|----------|
| | | | <input type="checkbox"/> DME (855s) \$998 <input type="checkbox"/> Medicare (855b,855r) \$100 <input type="checkbox"/> Commercial \$100 | \$ _____ |
| | | | <input type="checkbox"/> DME (855s) \$998 <input type="checkbox"/> Medicare (855b,855r) \$100 <input type="checkbox"/> Commercial \$100 | \$ _____ |
| | | | <input type="checkbox"/> DME (855s) \$998 <input type="checkbox"/> Medicare (855b,855r) \$100 <input type="checkbox"/> Commercial \$100 | \$ _____ |
| | | | <input type="checkbox"/> DME (855s) \$998 <input type="checkbox"/> Medicare (855b,855r) \$100 <input type="checkbox"/> Commercial \$100 | \$ _____ |

Credit Card Information

Cardholder's Name (as on card): _____

Cardholders Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Email: _____

Type of Card: MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: ____/____/____
(mm/yyyy)

Credit Card Security Code: _____ Amount to be Charged: \$ _____

I understand that my business/clinic will be assessed charges for services as selected and I authorize IPS to apply charges to the credit card listed.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

PLEASE FAX COMPLETED FORMS TO 727-683-9536