



SIGNATURES & SOLUTIONS  
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Phone: 888-508-3224

**Provider Credentialing Solutions Intake Form**

Fill out and return this form upon appointment scheduling.

Client Information:

- Full Name (Provider): \_\_\_\_\_

- Practice/Institution Name: \_\_\_\_\_

- Contact Number: \_\_\_\_\_

- Email Address: \_\_\_\_\_

- Address: \_\_\_\_\_

Credentialing Information:

- Credentialing Type (Initial/Re-credentialing): \_\_\_\_\_

- Relevant Certifications/Licenses: \_\_\_\_\_

- Additional Comments/Instructions: \_\_\_\_\_

Submission Details:

- Deadline for Credentialing Submission: \_\_\_\_\_

- Preferred Method of Submission (Online/Physical): \_\_\_\_\_