500 N Central Expressway, Suite 500
Plano, Texas 75074
https://epmedical.com

Direct Health Plan Contracting and Credentialing Services

EPMN is pleased to offer a new service for Direct Health Plan Contracting and Credentialing. This service is available to EPMN Members as well as to Providers in the community that are not Members of EPMN.

- Requesting our assistance with director contracting and credentialing is very simple, requiring only the completion of this Service Request Form and payment of a project deposit.

Group Name (if applicable)	Provider Name(s)	Specialty(ies)	Individual and/or Group TIN	Name(s) of Health Plan to Contract

Professional Fees:

Contract Procurement + Individual Credentialing for one (1) Provider $745.00
Credentialing for additional (beyond the included 1 Provider) $375.00 each

Totals for this Request:

Number of Health Plan or Health Network Agreements Requested: _____
Number of Providers to Include in Contracting/Credentialing: _____

Project Fees: $_____ Deposit $_____

Approved by: _____ _____
Client Signature EPMN Management
Project Start Date: _____

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Medicare and/or Medicaid Enrollment Services

EPMN is pleased to offer a new service for Medicare and/or Medicaid Enrollment Services. This service is available to EPMN Members as well as to Providers in the community that are not Members of EPMN.

- Requesting our assistance with Medicare or Medicaid Enrollment is very simple, requiring only the completion of this Service Request Form and payment of a project deposit.

Group Name (if applicable)	Provider Name(s)	Specialty(ies)	Individual and/or Group TIN	Service Requested (Medicare, Medicaid, Group or Individual, or both Medicare/Medicaid)

Professional Fees:

Medicare or Medicaid Enrollment for one (1) Provider	$535.00
Medicare or Medicaid Enrollment for Group	$535.00
Bundled Medicare/Medicaid Enrollment for Individual or Group	$795.00 each

Totals for this Request:

Number of Providers to Include for Enrollment: _____

Project Fees: $_____ Deposit $_____

Type Enrollment:

_____Medicare _____Medicaid _____Bundled

_____ Individual Physician(s) _____Group

Approved by: _____ _____

Client Signature EPMN Management

Project Start Date: _____