

Children's Medical Services
Provider Management
Florida Department of Health

PHYSICIAN & DENTIST APPLICATION CHECKLIST

The usual time required to process a complete CMS provider application is 60-90 days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.

Refer to *CMS Provider Handbook - Physicians and Dentists* @ www.cms-kids.com.

In addition to submitting an on-line (www.cmskidsproviders.com) CMS Physician and Dentist application you will need to either mail or fax documentation listed below.

- Copy of current **Curriculum Vitae**
- If not **Board Certified**, proof of eligibility to sit for board certification from the applicable board in the specialty for which you are requesting approval; i.e., a copy of Letter of Application;
- Controlled Dangerous Substance** (CDS) certification, if applicable;
- Summary of professional liability claim(s) pending or filed against you within the past ten years. Provide detailed information as indicated on **Professional Liability Claim Form**.
- Copy of signed and dated **Letter of Transfer Agreement**, if you do not have admitting privileges at a CMS approved hospital (Physicians Only).

Please mail all documentation to: or
Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: Provider Management Unit

Fax to:
Confidential Fax - (850) 921-5241

You will be notified of receipt of application documentation within thirty (30) days of receipt. If the application documentation is not complete, you will be requested to submit the specified information within thirty (30) days. Failure to achieve a complete application packet within the thirty (30) day time frame will result in the application packet being returned to you.

Once your credentials have been verified, the CMS Physician Review Committee (PRC) will review your application. CMS participation status will be determined by the CMS Deputy Secretary based on PRC recommendation. You will be notified in writing within fifteen (15) days of the determination of your CMS participation status.

Should you have questions regarding the status of your application, please feel free to contact Children's Medical Services Provider Management via telephone: (850) 245-4215 or email at: cmsproviderhelp@doh.state.fl.us