



TIP GUIDE :
REQUESTING NEW FORMS

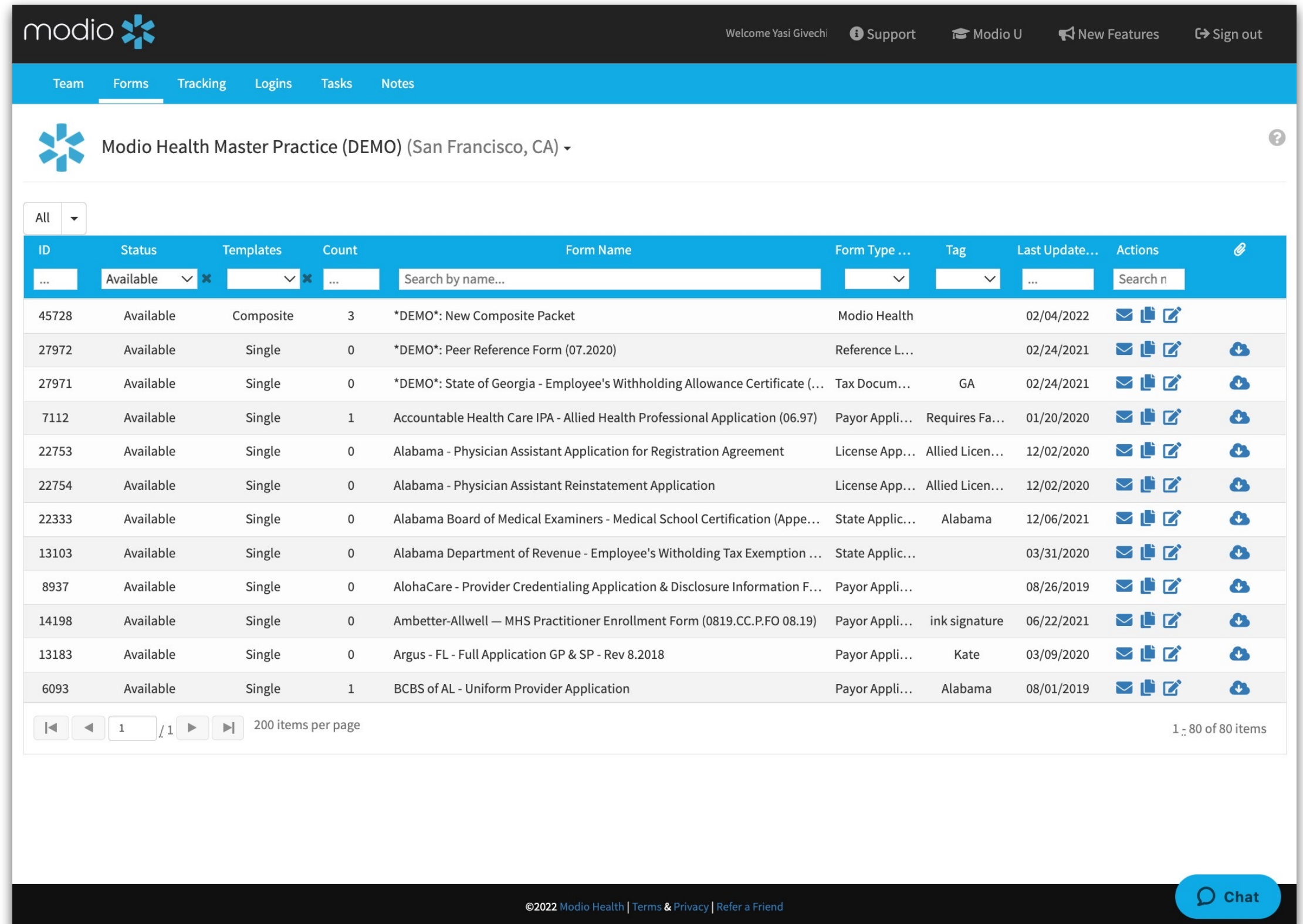
Find this guide and additional tip guides under the **"Support"** section.

FORM REQUESTS
















































Modio will convert your PDF/Word file(s) into a DocuSign template that supports pre-filling provider credentialing data. Once the mapping is complete (usually 3-7 business days), the form will be listed as "Available" on the Forms dashboard. Once your Form is in "Available" status, use the Envelope Icon  to pre-fill and send to coordinators or providers on your Team. To request a custom form, send your files to Support@modiohealth.com.

What to include in your Request:

- What team should the form be added to?
- Is this form replacing an existing form?
- Does it need to be added to a composite?
- Are there any special instructions?



Modio Health Master Practice (DEMO) (San Francisco, CA)

| ID | Status | Templates | Count | Form Name | Form Type ... | Tag | Last Update... | Actions |
|-------|-----------|-----------|-------|---|-----------------|-----------------|----------------|---|
| 45728 | Available | Composite | 3 | *DEMO*: New Composite Packet | Modio Health | | 02/04/2022 |    |
| 27972 | Available | Single | 0 | *DEMO*: Peer Reference Form (07.2020) | Reference L... | | 02/24/2021 |     |
| 27971 | Available | Single | 0 | *DEMO*: State of Georgia - Employee's Withholding Allowance Certificate (...) | Tax Docum... | GA | 02/24/2021 |     |
| 7112 | Available | Single | 1 | Accountable Health Care IPA - Allied Health Professional Application (06.97) | Payor Appli... | Requires Fa... | 01/20/2020 |     |
| 22753 | Available | Single | 0 | Alabama - Physician Assistant Application for Registration Agreement | License App... | Allied Licen... | 12/02/2020 |     |
| 22754 | Available | Single | 0 | Alabama - Physician Assistant Reinstatement Application | License App... | Allied Licen... | 12/02/2020 |     |
| 22333 | Available | Single | 0 | Alabama Board of Medical Examiners - Medical School Certification (Appe... | State Applic... | Alabama | 12/06/2021 |     |
| 13103 | Available | Single | 0 | Alabama Department of Revenue - Employee's Withholding Tax Exemption ... | State Applic... | | 03/31/2020 |     |
| 8937 | Available | Single | 0 | AlohaCare - Provider Credentialing Application & Disclosure Information F... | Payor Appli... | | 08/26/2019 |     |
| 14198 | Available | Single | 0 | Ambetter-Allwell — MHS Practitioner Enrollment Form (0819.CC.P.FO 08.19) | Payor Appli... | ink signature | 06/22/2021 |     |
| 13183 | Available | Single | 0 | Argus - FL - Full Application GP & SP - Rev 8.2018 | Payor Appli... | Kate | 03/09/2020 |     |
| 6093 | Available | Single | 1 | BCBS of AL - Uniform Provider Application | Payor Appli... | Alabama | 08/01/2019 |     |

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FORMS: SUBMITTING DO'S



Following these tips will help the Forms team complete your request in a quicker timeframe.

✓ **PDF or Word Document are acceptable.**

✓ **Blank fields where information should populate.**

Example of a form with blank fields:

These are blank fields

Group Information:
W9 Legal Name: _____ Tax ID#: _____
Group Primary Address: _____
Number of Service Locations: _____ Electronic Health Records: Yes No
Group Type: Single-Spec Group Multi-Spec Group

✓ **High quality scan or source PDF/Word Document are acceptable.**

FORMS: SUBMITTING DON'TS



Following these tips will help the Forms team complete your request in a quicker timeframe.

✗ No Excel Based Roster (but we do recommend a custom report)

✗ No Reference Text/Mail Merge Labels

* VERIFY EMAIL ADDRESS (FORMATTED AS EXAMPLE@SAMPLE.COM)

* PRIMARY SERVICE LOCATION PHONE NUMBER (10 DIGITS)

000 - 123 - 4567

Date of last credentialing

Provider Name

Email Address

Date

<<Provider Name>>

John Smith is pleased to inform you that on the date of last credentialing the....

Form should not have placeholder text in boxed fields (see highlighted area).

Form should not have mail merge labels (see highlighted area).

✗ Remove Provider Specific Information

Name of physician being credentialed: **John Smith, MD** (indicate: MD, DO, DPM, PA, etc)

No provider info should be pre-filled on the form (see provider name highlighted).

✗ Remove Practice Specific Information

Section 5: Practitioner Service Locations

Service Location Name: **Modio Health**

Address: **123 Main Street** City: **Citville**

State: **VA** Zip Code: **12345-6789**

Phone Number: **888-555-1234** Fax Number: **888-555-6541**

Office Hours: Monday **8-5** Tuesday **8-5** Wednesday **8-4**

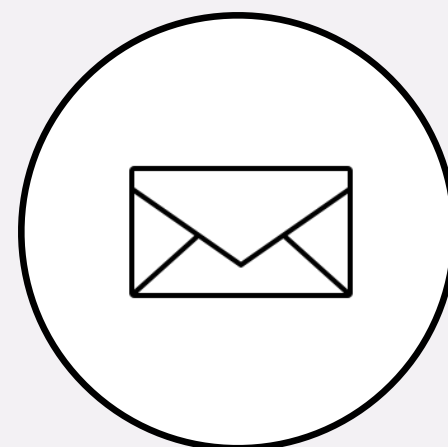
Thursday **8-5** Friday **8-5** Saturday Sunday

No pre-populated text in form fields (see highlighted content).

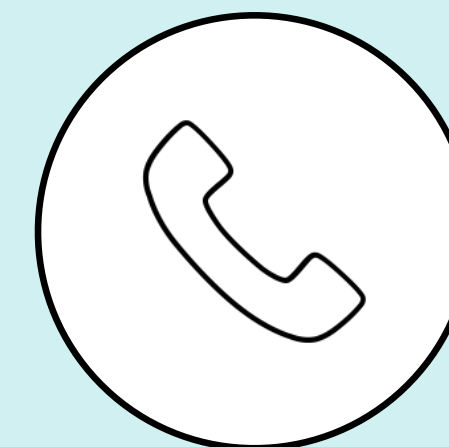
For additional questions or further training,
 contact the Modio Team:



Online:
Live Chat Support



Email:
updates@modiohealth.com



Phone:
844.696.6346