



**NEW PROVIDER ORIENTATION CHECKLIST**

- Product Lines
- Access to Care Guidelines
- Coordination of Care
- Required Authorizations
- Submission of Encounter/Claim Data
- Methods of Payment
- Member Eligibility Verification
- Provider Manual
- Behavioral Health
- Notification of Changes
- Laboratory Services
- Transportation Services
- Marketing
- Web Site and Provider Portal
- Report Delivery System
- EFT Form
- Model of Care
- Informed Consent for Hysterectomy/Sterilization

**ATTENDEES**


**COMMENTS/QUESTIONS**

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**PROVIDER PRINTED NAME**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVIDER SERVICES REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**DATE**