

Renee Credentialing Contact

This agreement dated: _____, is made By and
Between _____, who's address is at 2362 Main Street Ste B
Tucker Ga 30084 and Clients address at: _____

Credentialing Services: This contract is agreement to provide credentialing with insurance Success Brand companies, receive Medicaid and Insurance Panels.

Terms of Agreement: This agreement will begin on Date: _____ and will end when all insurance companies have been approved and the company is active and on their panel.

Renee Credentialing will have all access to any information when asked or needed while providing credentialing services.

Termination: Termination can be decided amongst parties. However, payment is required for all in process credentialing prior to contract termination.

Payment will be direct deposited in the account provided to the client. Payment will be given on the agreement between the parties. Payment will be excepted when client is in process with each insurance companies.

Confidential Information: Information given will only be used to the agreed contract. All client information will be kept confidential.

Renee Credentialing is not responsible for the decision the insurances companies make when allowing providers to join their network.

Each panel cost is 300.00 dollars, and each Medicaid number is 300.00 dollar

Total Cost \$ _____

Signature _____ Date _____

Owner Signature _____ Date _____