

**MANDATORY RECREDENTIALING**  
**Procura Management, Inc.**  
 2435 Boulevard of the Generals  
 Norristown, PA 19403  
 (800) 275-9485-ext-67331 – fax 484-804-6331

Provider Name  
 Provider Address  
 Provider City, State, Zip

Tax Number:

Contract ID:

Dear Provider:

Our records indicate that your mandatory recredentialing is coming up for review within 120 days. In order to keep your Procura Preferred Provider file current, please review the items listed below and **either mail or e-fax 484-804-6331 updated copies** of the following along with this form: **PLEASE SEND ALL PROVIDERS CREDENTIALS THAT ARE ASSOCIATED WITH YOUR TAX NUMBER.**

- **Medical License**
- **DEA License**
- **Malpractice Insurance**
- **Copy of your W-9 for each tax number utilized**

\*\*\*\*\*Please answer all questions applicable to your specialty\*\*\*\*\*

Group Name:

Tax ID #:

Phone:

Fax:

NPI #:

Email Address:

Corporate/Mailing Address:

Hospitals (admitting privileges/affiliations):

Office Hrs	M	Tu	W	Th	F	Sat	Sun
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Foreign Languages Spoken:

Have you ever been convicted of a felony or are you currently under investigation? If Yes, please explain under separate cover.	PLEASE CHECK ONE	
	No	Yes

Has your DEA license ever been suspended or revoked? If Yes, please explain under separate cover.	PLEASE CHECK ONE	
	No	Yes

Where did you perform your residency?

**Please call Mary Ann Weaver, Provider Relations Representative at (800)-275-9485-ext-67331 or email [Maryann.weaver@procura-inc.com](mailto:Maryann.weaver@procura-inc.com) with any questions.**

I attest that there have been neither changes in work history nor any gaps greater than 6 months since last credentialed: *[Please sign below]*

**Signature of Provider**

**Please print name**

Date executed

Thank you for taking the time to assist us in recredentialing your file.