



Request for Credentialing

Return to credentialing.apps@healthonecares.com or 1-866-789-8020
DON'T submit directly to Parallon.

HOSPITALS

- North Suburban Medical Center
 Primary practice hospital
- Presbyterian/St Lukes & Rocky Mtn Hosp for Children
 Primary practice hospital
(Anes-GCA, SDA Pueblo, PAC, Kaiser)
- Rose Medical Center
 Primary practice hospital
- Sky Ridge Medical Center
 Primary practice hospital
- Spalding Rehab Hospital
 Primary practice hospital
- Swedish Medical Center
 Primary practice hospital
(Anes-OB-GYN Anes/SDA/CBSI)
- The Medical Center of Aurora & Centennial Medical Plaza
 Primary practice hospital
(Anes - GCA, Pueblo & PAC only)

SURGERY CENTERS

- Centrum Surgery Center
Anes - Anes & Pain Mgt only
- Clear Creek Surgery Center
Anes - Phy Anes Services only
- Lincoln Surgery Center
GCA, SDA & Peak only
- Lowry Surgery Center
Anes - GCA & AAC only
- Midtown Surgery Center
Anes - GCA only
- MSK Surgery Center
- North Suburban Surgery Center
- Park Ridge Surgery Center
Anes - Prior administrative approval
(SDA & GCA)
- Red Rocks Surgery Center
Anes - PAS only

- Rocky Mtn Surgery Center
Anes - SDA and AA only
- Rose Surgery Center
Anes - GCA only
- Sky Ridge Surgical Center
Anes - Prior administrative approval
(SDA, GCA, & Peak only)
- Surgery Center of the Rockies
- Urology Surgery Center
Anes - PAS only

ENDOSCOPY CENTERS

- Arapahoe Endoscopy Center
- Denver Endoscopy Center
- Ridge View Endoscopy Center
- South Denver Endoscopy Center

Applicant's Anticipated start date*:

* Indicates required fields

Complete Name (First/Middle/Last)*:

Degree/Credentials (i.e., MD, DO, DPM, CRNA)*:

SSN*:

Date of Birth*:

NPI (10 digits):

Specialty (N/A for PA, NP, CNM & CRNA)*:

Subspecialty:

IOM Provider? Yes No

Is applicant employed or managed by HCA/HealthONE LLC?* Yes No If Yes: Employee Contract

Currently in residency or fellowship training?* Yes-completion date: _____ No

Board certified? * Yes No N/A If not, when did the applicant complete training? *

Home Address (Complete even if the address isn't in Colorado)

Applicant's Address/Apt*:

City/State/Zip Code*:

Phone:

Credentialing Address Check if same as Home Address

Group/Company Name:

Credentialing Contact:

Address/Suite*:

City/State/Zip Code*:

Credentialing Contact Email:

(don't put applicant's email address)

Phone*:

Fax:

Requestor's Information (if different than applicant or credentialing contact)

Name:

Telephone:

Email:

Comments:

HealthONE requires an credentialing processing fee upon receipt of your application.

Initial applications are \$300 and reappointments/updates are \$150, payable to HealthONE Credentialing.

Send payments to 4900 South Monaco St, Suite 240 Denver, CO 80237

