

# Health PLUS+

Required information for Recredentialing:

	State of Illinois Health Care Recredentialing and Business Data Gathering Form
	Curriculum Vitae
	All Current Professional Licenses
	Current Federal DEA License (with an Illinois address listed)
	Current State Controlled Substance License(s)
	Current Professional Liability Insurance face sheet or Declaration of Insurance with Effective Date, Expiration Date and Amount Displayed per Occurrence and In-Aggregate
	Group NPI (Type 2 NPI)
	Current W-9
	Completed Health Plus Attestation

If you need a copy of this form, please visit our Health Plus website at [healthpluspeoria.org/ForProviders](http://healthpluspeoria.org/ForProviders) under the “Credentialing Forms” section, or the form is also available on the State of Illinois website at <http://dph.illinois.gov/forms-publications> under the “Forms” tab, scroll down to the “Hospitals” section, and click the “Forms\_Multipages - Hospitals, HMOs, Ambulatory” dropdown.

Please return the above information via email, fax, or mail to:

Email: [Atlee.Robertson@carle.com](mailto:Atlee.Robertson@carle.com)

Secure Fax: (309) 999-5652

Mail: Provider Relations  
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