



## ***HOMELINK Home and Vehicle Mod Credentialing***

PO Box 1860 · Waterloo, IA 50704  
Main Phone 800-482-1993 · Credentialing Phone 866-575-8482 · Fax 855-863-7189

**To:** Provider

**Fax:**

**Attn:** Dear Provider

**Date:** 8/31/2017

**From:** HOMELINK Credentialing Team

**Pages:** Page 1 of 4

**Re:** HOMELINK Home and Vehicle Mod Credentialing

Dear Provider:

HOMELINK® is a National Provider Network that currently has contracts with multiple insurance companies and other payer sources to provide in-network services to their clients.

HOMELINK contracts with a wide variety of insurance companies to arrange for the medically needed products and services. Providing superior quality service to these patients is a cornerstone of our business.

The enclosed HOMELINK Contractor Application contains the terms and process requirements to become part of our Network.

Please review each section prior to signing this agreement and contact our Credentialing/Certification Team by phone at **866-575-8482** or Email: [HomelinkCredentialing@vgm.com](mailto:HomelinkCredentialing@vgm.com) if you have any questions. We also have a website page to obtain a copy of the certification application at [www.HomelinkCredentialing.com](http://www.HomelinkCredentialing.com).

Thank you for your prompt attention to this matter; your cooperation is greatly appreciated. **Please respond with your completed information within 15 business days of receipt.** Your completed agreement requirements can be faxed to 855-863-7189 or mailed to:

HOMELINK ATTN:  
CREDENTIALING/CERTIFICATION TEAM  
PO BOX 1860  
WATERLOO, IA 50704

Sincerely,

Dave Kazynski - HOMELINK President

Teri Smith - Credentialing/Certification Officer

**\*The following document is not a contract\***

Notice of Confidentiality: The document accompanying this electronic transmission contains confidential information belonging to the sender, which is legally and/or medically privileged. The information is intended only for the use of the individual or entity named above. If you are the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of the contents of the information is strictly prohibited. If you have received this electronic transmission in error, please immediately notify us by telephone to arrange a return of the document to us.



**HOMELINK**

# HOMELINK® Contractor Application

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Tax ID# or SSN: \_\_\_\_\_

Referral Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

### Professional Licenses or Credentials held:

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

### Insurance:

General Liability Carrier: \_\_\_\_\_

Worker's Comp Carrier: \_\_\_\_\_

Bonding (If applicable in your state): \_\_\_\_\_

Have any of your insurance coverages been denied, canceled, or lapsed in the last 5 years?  Yes  No

If yes, please describe: \_\_\_\_\_

### Legal:

Have you been convicted of any crimes in the last 5 years?  Yes  No

Have you had any professional disciplinary actions or sanctions in the last 5 years?  Yes  No

If yes to either, please describe: \_\_\_\_\_

Do you complete background checks on your employees?  Yes  No *If no, Homelink can provide them.*

If yes, please describe: \_\_\_\_\_

Does your organization have a formal program or process for the maintenance of a drug free working environment?  Yes  No

If no, please provide explanation: \_\_\_\_\_

Are your employees legally qualified to work and receive compensation in this country?  Yes  No

Do you subcontract any of your service?  Yes  No

If yes, are they licensed and insured?  Yes  No

Names of Foreman or Supervisory personnel you will assign to our projects:

\_\_\_\_\_  
\_\_\_\_\_

**Supplier/Trade References - Minimum of 3 in the local area:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Main Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Annual Purchases: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Main Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Annual Purchases: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Main Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Annual Purchases: \_\_\_\_\_

**Customer/Business References - Minimum of 3 in the local area within the last 6 months:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Type of Project: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Type of Project: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Type of Project: \_\_\_\_\_

**Services:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Contracting | <input type="checkbox"/> Ramps Built   | <input type="checkbox"/> Grab Bar Installation |
| <input type="checkbox"/> Remodeling          | <input type="checkbox"/> Ramp Rental   | <input type="checkbox"/> Wheelchair Lifts      |
| <input type="checkbox"/> Plumbing            | <input type="checkbox"/> Stair Lifts   | <input type="checkbox"/> Vehicle Modifications |
| <input type="checkbox"/> Mechanical          | <input type="checkbox"/> Porch Lifts   | <input type="checkbox"/> ECUs Control Units    |
| <input type="checkbox"/> Bath Remodels       | <input type="checkbox"/> Ceiling Lifts | <input type="checkbox"/> Patient Supports      |
| <input type="checkbox"/> Kitchen Remodels    | <input type="checkbox"/> Elevators     | <input type="checkbox"/> Patient Lifts         |

**In signing this application, I certify that all of the information is true and correct to the best of my knowledge. I further authorize Homelink to perform any background checks that are deemed**

**By:** \_\_\_\_\_ **(Print)**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*The information requested will be used in HOMELINK's credentialing process. All information will be treated as confidential information. Thank you for completing this application.*



## HOMELINK® Credentialing Checklist

To facilitate prompt processing, please return only the forms and documents requested below. It is not necessary to provide us with costly booklets or binders as extraneous material may delay processing. If you need assistance completing this application, please contact the HOMELINK Credentialing Team at [HomelinkCredentialing@vgm.com](mailto:HomelinkCredentialing@vgm.com) or call (866) 575-8482.

HOMELINK ATTN:  
CREDENTIALING TEAM  
PO BOX 1860  
WATERLOO, IA 50704

- Completed HOMELINK Contractor Application
- 2 copies of your W-9
- W-8 signed (if applicable)
- A copy of your General Liability Insurance Certificate with coverage amounts listed
- A copy of your Workers' Compensation Insurance Certificate with coverage amounts listed
- Servicing Counties:** Please attach a list of all servicing counties by state. Only a listing of specific counties will be accepted. Do not submit maps and/or regional designations (e.g., southeast Iowa, etc.)
- A copy of your professional licensures, personnel licensures of employees or contracted professionals with expiration dates (if applicable)
- A copy of any General or Professional Liability Insurance adverse actions for the past five years
- A summary of any convictions and/or alleged crimes for the past five years
- A summary of any adverse sanctions or disciplinary actions (signed by owner)

**Thank you for your prompt attention to this important request.**