# OnPoint

## PROVIDER BACKGROUND (CC/RR) RELEASE FORM

I understand that it is the policy of OnPoint that all staff working for organizations and individual practitioners in OnPoint's Provider Network will meet all applicable licensing, scope of practice, contractual requirement, and Medicaid Provider requirements.

OnPoint must complete primary source verification of information of the following credentialing information. The checked items are included under this release.

☒ Recipient Rights (RR) abuse and neglect claims & violations
☒ Corporate Compliance (CC) violations

**For office use only:**
_____ RRO verification of no claims or violations attached
_____ CCO verification of no claims or violations attached

I give OnPoint permission to complete the background checks indicated above, and to release the results of such checks to the Provider Agency/Employer listed below. In consideration for providing the necessary information to complete the credentialing checks, I release, waive and relinquish any and all claims against OnPoint, their employees, agents or other representatives, arising directly or indirectly or relating to the furnishing and obtaining of such information.

I understand that the results from my credentialing check may result in my ineligibility to contract with OnPoint or work with individuals served by OnPoint. In addition, I understand that any falsification or willful omission of fact made in connection with the credentialing check may be sufficient grounds for rejection of my eligibility to contract with OnPoint or work with individuals served by OnPoint.

**Provider Data:** (Please Print Clearly)

**Provider Agency/Employer** _____

**Name**_____
(First) (Middle) (Last)

**Indicate Previous Names** (Include maiden name and any other names which you have used or been known by)

_____

**Address** _____

**City** _____ **State** _____ **Zip Code** _____

**Have you resided in any other State? If so, where and when?**

_____

**Date of Birth** (year) _____ **Gender** _____ **Race** _____

This release shall be good for one year from the date of signature.

**Signature** _____ **Date** _____

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