




Tip Guide: Requesting New Forms

Find this guide and additional tip guides under the **“Support”** section.

Form Requests

Modio will convert your PDF/Word file(s) into a DocuSign template that supports pre-filling provider credentialing data. Once the mapping is complete (usually within 3-7 business days), the form will be listed as **“Available”** on the Forms dashboard. Once your Form is in **“Available”** status, use the Envelope Icon  to pre-fill and send to coordinators or providers on your Team.

To request a custom form, send your files to Support@modiohealth.com.

What to include in your Request:

- What team should the form be added to?
- Is this form replacing an existing form?
- Does it need to be added to a composite?
- Are there any special instructions?

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Welcome Yasi Givechi

Support

Modio U

New Features

Sign out

Team

Forms

Tracking

Logins
















































Tasks

Notes

Reports

Modio Health Master Practice (DEMO) (San Francisco, CA)

All

ID	Status	Templates	Count	Form Name	Form Type ...	Tag	Last Update...	Actions
...	Available		...	Search by name...			...	Search n
45728	Available	Composite	3	*DEMO*: New Composite Packet	Modio Health		02/04/2022	  
27972	Available	Single	0	*DEMO*: Peer Reference Form (07.2020)	Reference L...		02/24/2021	   
27971	Available	Single	0	*DEMO*: State of Georgia - Employee's Withholding Allowance Certificate (...)	Tax Docum...	GA	02/24/2021	   
7112	Available	Single	1	Accountable Health Care IPA - Allied Health Professional Application (06.97)	Payor Appli...	Requires Fa...	01/20/2020	   
22753	Available	Single	0	Alabama - Physician Assistant Application for Registration Agreement	License App...	Allied Licen...	12/02/2020	   
22754	Available	Single	0	Alabama - Physician Assistant Reinstatement Application	License App...	Allied Licen...	12/02/2020	   
22333	Available	Single	0	Alabama Board of Medical Examiners - Medical School Certification (Appe...	State Applic...	Alabama	12/06/2021	   
13103	Available	Single	0	Alabama Department of Revenue - Employee's Withholding Tax Exemption ...	State Applic...		03/31/2020	   
8937	Available	Single	0	AlohaCare - Provider Credentialing Application & Disclosure Information F...	Payor Appli...		08/26/2019	   
14198	Available	Single	0	Ambetter-Allwell — MHS Practitioner Enrollment Form (0819.CC.P.FO 08.19)	Payor Appli...	ink signature	06/22/2021	   
13183	Available	Single	0	Argus - FL - Full Application GP & SP - Rev 8.2018	Payor Appli...	Kate	03/09/2020	   
6093	Available	Single	1	BCBS of AL - Uniform Provider Application	Payor Appli...	Alabama	08/01/2019	   

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200 items per page

1 of 80 items

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Chat



SUBMITTING DO'S

Following these tips will help the Forms team complete your request in a quicker timeframe.



PDF or word document are acceptable.



Blank fields where information should populate.

Example of a form with blank fields:

These are blank fields

Group Information:
W9 Legal Name: _____Tax ID#: _____
Group Primary Address: _____
Number of Service Locations: _____Electronic Health Records: Yes ☐ No ☐
Group Type: Single-Spec Group ☐ Multi-Spec Group ☐



High quality scan or source PDF/word document are acceptable.



SUBMITTING DON'TS

Following these tips will help the Forms team complete your request in a quicker timeframe.

No Excel Based Roster (but we do recommend a custom report)

No Reference Text/Mail Merge Labels

Form should not have placeholder text in boxed fields (see highlighted area).

* VERIFY EMAIL ADDRESS (FORMATTED AS EXAMPLE@SAMPLE.COM)

* PRIMARY SERVICE LOCATION PHONE NUMBER (10 DIGITS)

* PRIMARY SERVICE LOCATION FAX NUMBER (10 DIGITS)

* TAX IDENTIFICATION NUMBER (TAX ID) TYPE

Select a tax ID type

Date of last credentialing

Provider Name

Email Address

Date

<<Provider Name>>

John Smith is pleased to inform you that on the **date of last credentialing** the....

Form should not have mail merge labels (see highlighted area).

Remove Provider Specific Information

Name of physician being credentialed: John Smith,
MD (indicate: MD, DO,DPM, PA, etc)

No provider info should be pre-filled on the form (see provider name highlighted).

Remove Practice Specific Information

Section 5: Practitioner Service Locations

Service Location Name: Modio Health

Address: 123 Main Street City: Citville

State: VA Zip Code: 12345-6789

Phone Number: 888-555-1234 Fax Number: 888-555-6541

Office Hours: ☒ Monday 8-5 ☒ Tuesday 8-5 ☒ Wednesday 8-4

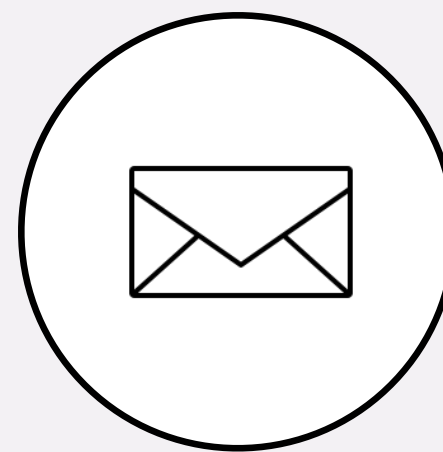
☒ Thursday 8-5 ☒ Friday 8-5 ☐ Saturday ☐ Sunday

No pre-populated text in form fields (see highlighted content).

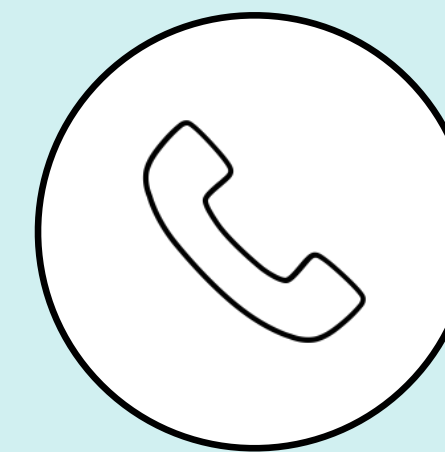
For additional questions or further training,
contact the Modio Team:



Online:
Live Chat Support



Email:
support@modiohealth.com



Phone:
844.696.6346