



MEDICAL EXAM ASSOCIATES INC. CREDENTIALING DOCUMENTATION

PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS

- 1. State License
- 2. CAQH Profile
- 3. Current Copy of Medical Malpractice Certificate
- 4. CV
- 5. Copy of QME License

CONTACT INFORMATION

Main Practice Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Send This Form And All Documentation To:

- **EFax:** (818) 646-8920
- **Email:** marketing@medexamassociates.com