



**Beacon**

**Addendum “B” to the CAQH Provider Application Includes:  
‘Attestation’ (“XV”)**

**XV. ATTESTATION:**

I, the undersigned, hereby attest that the information given in or attached to this application is correct and complete and fairly represents my clinical qualifications. I specifically authorize Beacon and/or its authorized representatives to contact any third party who may have information bearing on any subject addressed by this application and to inspect or obtain any reports, records, recommendations, claims information and history, or other documents or disclosures of said third parties that may be material to the questions in this application. I also specifically authorize any such third parties to release said information to Beacon and/or its authorized representatives upon request.

I hereby release Beacon and/or its authorized representatives and any of such third parties, from any liability for any such reports, records, recommendations, claims information and history, or other documents or disclosures involving me that are made, requested or received by Beacon and/or its authorized representatives, from or by any such third parties, including otherwise privileged or confidential information, made or given in good faith, and relating to the subject matter addressed by this application.

I hereby expressly authorize and request any hospitals, clinics, medical schools, residency programs, internship programs, other educational institutions or programs, employers, practitioners, contractors, professional review organizations, peer review bodies, the National Practitioner Data Bank, insurance carriers, or others to disclose to Beacon and/or its authorized representatives, upon request, information and documentation as will reasonably assist Beacon in its efforts to determine my professional and personal qualifications to be a Participating Provider/Practitioner. In connection with this authorization and request, I expressly waive any privilege, confidential right or privacy right to which I might otherwise be entitled, and I expressly and fully release from liability any entity that provides such information in good faith to Beacon and/or its authorized representatives in connection with Beacon’s review of my credentials.

Practitioners are herein notified of the following rights in that they have the right to review information obtained by Beacon to evaluate the credentialing application and have the right to correct erroneous information obtained by Beacon, if the information obtained varies substantially from that provided by the practitioner. This evaluation includes information obtained from any outside primary source (e.g. malpractice insurance carriers or state licensing boards). Should the NPDB report indicate data, which differs from that which was submitted by the practitioner, the practitioner must submit a self-query to the NPDB to access the data, as it is unlawful for Beacon to share this information. Beacon is not required to allow the practitioner to review references or recommendations or other information that is peer-review protected. Practitioners have the right to request the status of their credentialing and recredentialing process. In choosing to apply to the Beacon Participating Provider/Practitioner Network, the undersigned represents and warrants the truth, accuracy, correctness and completeness of the statements made in this application and any attachment, and Beacon shall be entitled to rely upon such statements. A photocopy of this authorization shall be deemed equivalent to the original.

**COMPLETE AND ATTEST BELOW:**

**Print Name of Practitioner and License Designation**

**CAQH#**

Transformations hope for today's families LLC

61-1351752

**Legal Name of Practice**

**TIN#**

Transformations

**DBA for Practice, if applicable**

**Signature of Practitioner**

**Date**

**PLEASE REMEMBER TO SUBMIT THE FOLLOWING ITEM REQUESTED BY BEACON, IN ADDITION TO YOUR COMPLETED  
AND CURRENT CAQH APPLICATION:**

- 1. Addendum ‘B’: This completed, dated, and signed Attestation (“XV”)**

**SEND ITEMS DIRECTLY TO BEACON MIAMI VIA:**

**DIRECT FAX: 305-273-0668- Attention: Credentialing Department OR**

**MAIL: Beacon Miami, 10200 Sunset Drive, Miami, FL 33173 – Attention: Credentialing Department**

**PLEASE CALL CREDENTIALING DEPARTMENT IF YOU HAVE ANY QUESTIONS! TELEPHONE: 786-837-2602**