



**Please copy as necessary for additional Practitioners. Original Signature of Practitioner Required.**

### **RELEASE OF INFORMATION:**

I hereby authorize the Sanford Health Credentialing Verification Office (CVO), the right to obtain documents, recommendations, reports, statements, and other information relating to my credentialing process. I grant Sanford Health Credentialing Verification Office (CVO) the right to share any information I have previously supplied them for credentialing purposes to TLC Advantage, L.L.C., if current and applicable to expedite the credentialing of my application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

We have contracted with the Sanford Health Credentialing Verification Office to administer and primary source verify the Practitioners in the TLC Advantage network as required by the national standards set forth by the National Commission of Quality Assurance (NCQA). As a result of this relationship, all credentialing will be done by the Sanford Health Credentialing Verification Office. They will be forwarding credentialing information to you under separate cover. As a reminder, please notify TLC Advantage, L.L.C. of any provider additions, terminations or address changes to keep our network current.

**\*\*Please note that all Practitioners must be fully credentialed. A letter will be sent to your facility notifying you immediately of the Practitioners effective dates.**