

Provider Agreement - Vendor Checklist

- ♦ Contact DCFS Contract Manager for proper Attachment BB-Insurance Schedule _____
 - *DCFS Contract Manager will select the insurance coverages that will be required based on the type of provider and the services to be provided.

- ♦ Page 4 of contract, Questions 1-7, **INITIALED** _____
 - * Most response must be "NO", but questions 6 & 7 MUST be "NO".
 - *This section establishes the relationship as Contractor/Client versus Employee/Employer

- ♦ Attachment BB - Insurance Schedule signed _____
 - *Make sure this is the one received from DCFS Contract Manager that lists the required coverages. Do not sign one the says "Draft - Do Not Sign - Consult DCFS Contract Manager."

- ♦ Attachment CC - Business Associate Addendum _____
 - *This document ensures the proper HIPPA protections for clients served.

- ♦ Attachment EE - Additional Information Completed _____
 - *Complete page 2 indicating areas/regions in which services will be provided.

- ♦ Register with the Controller's Office _____
 - *This is required in order to receive payment. There is no cost to Provider.
 - http://controller.nv.gov/VendorServices/Vendor_Services.html

- ♦ Register with Nevada Secretary of State _____
 - *This is not a requirement for Face to Face Out of State Visitation agreements.
 - <http://nvsos.gov/sos/businesses>

- ♦ Copies of Certificate(s) of Insurance provided _____
 - Commercial General Liability _____
 - *Required if any services will be provided at contractor's place of business.

 - Workers' Compensation _____
 - *Not required if Provider is a Sole Proprietor.
 - *Must sign and have notarized Affidavit of Rejection of Coverage.
 - <http://risk.nv.gov/uploadedFiles/risknvgov/content/Contracts/Affidavit>

 - Automobile Liability _____
 - *Only required if transporting clients is part of the Scope of Work.

 - Professional Liability _____
 - *Required for any professional services.