

**CAQH Provider Data Form
For Credentialing Purposes**

DATE:		Are you registered with CAQH? Yes No	
If Yes, CAQH Provider ID:		Social Security:	
Last Name:		First Name:	Middle Initial:
Date of Birth:	Birth Place:		Race/ Ethnicity:
Home Phone:		Email Address:	
Practice Name:		Department Name (If Hospital Based):	
Primary Office Street Address:			Suite #:
Primary Office City:		State:	County: Zip:
Primary Telephone:		Primary Fax:	
Provider Type (MD, DO, PhD, LCSW, LPC, etc) :			Tax ID:
Please list any certifications or accreditations obtained at this location:			
Answering Service Contact Information:			
Billing Contact Information:			
Does this office use Practice Management software? <input type="checkbox"/> Yes		What type of anesthesia do you provide in your group/office? <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Conscious Sedation <input type="checkbox"/> General <input type="checkbox"/> None <input type="checkbox"/> Other (please specify):	
Specialty:		Applying As: <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Group Practice	
Are you board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, board name:		Exp. Date:
Board Certification Number:		DEA Certificate Number:	
Medicaid ID #:	State License Number:		Licensing State:
UPIN:	NPI:	NPI Group:	
Other Insurance Network Participation:			
Please list any medical related organizations you have ownership with, e.g., laboratory, home health agency, radiology facility, mobile testing, MRI, etc.:			
If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.			
Do you have a CLIA Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a CLIA waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Service Provided:	
Certificate Number:		Billing Name:	
Certificate Expiration Date:		Tax ID #:	

Note: If you have already completed your application with CAQH, please ensure that you have authorized CultiCare to access your data. This can be done by calling CAQH at (888) 599-1771. Using the CAQH Universal Credentialing Data-Source does not grant participation or constitute applying for participation with CultiCare.