

CAQH Provider Data Form

For Credentialing Purposes



To begin your credentialing process, please use this simple, standardized form.

If you are not registered with CAQH: please fax this form to the Cenpatico credentialing department at 866-694-3735, attention: Credentialing Manager. Once a CAQH provider ID is established, Cenpatico will forward your Provider ID back to you. Then you may visit the CAQH Web site at www.CAQH.org, where you can view an online demonstration of the application process. If you don't have Internet access, you can still use CAQH. After you have received your CAQH Provider ID, you can call the CAQH Help Desk at 888-599-1771, request an application by mail and fax it back to a toll-free number.

DATE:				
Last Name:		First Name:		Middle Initial:
Date of Birth:		Primary Telephone No.:		
Primary Office Street Address:			Suite #:	
Primary Office City:		State:	County:	Zip:
Provider Type (MD, DO, PhD, LCSW, LPC, etc) :				
Specialty:		Applying As: <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional		
Are you board certified? Yes No		If Yes, board name:		
Are you registered with CAQH? Yes No		If Yes, CAQH Provider ID:		
Primary Fax No.:		Email Address:		
Social Security No.:		DEA Certificate No.:		
State License No.:		Licensed State:		
UPIN:		Tax ID:		

Note: If you have already completed your application with CAQH, please ensure that you have authorized Cenpatico Plan ID# 286 to access your data. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Cenpatico.