

PROVIDER CREDENTIALING AND CHANGE FORM

Note: This form is for Contracted Providers only. All fields on this form must be completed prior to submission

FORM COMPLETIO	N INFORM	VIATION						
Form Completed By:			Form Completed [Date:				
Email:								
Mailing Address Line	1:			Mailing Address Li	ine 2:			
City:				State:		Zip:		
Phone:				Fax:				
PROVIDER INFORM	1ATION							
Provider Add: Ye	es	No	Provider Change:	Yes No	Provider	Delete:	Yes	No
Effective Date:			Effective Date:		Effective	Date:		
					Reason:			
Last Name:			First Name:		Mido	lle Initial:		
Gender:			Date of Birth:		SSN:			
Email:			<u> </u>	Degree: (MD, DO, DO	C, APRN, NP, ND,	etc.)		
Provider Specialties:	•						•	
Individual NPI:				CAQH Number:				
Locum Tenens?	Yes	No	If yes, dates of cov	erage: Start:		End:		
PRACTICE INFORM	ATION I	LOCATIO	N #1					
Practice Add: Y	es	No	Practice Change:	Yes No	Practice I	Delete:	Yes	No
Effective Date:			Effective Date:		Effective	Date:		
Contracted Entity Na	me:							
Contracted Entity Na Practice Name:	me:							
				Practice Address L				
Practice Name:				Practice Address L State:		Zip:		
Practice Name: Practice Address Line				State:				
Practice Name: Practice Address Line City: Practice Phone:								
Practice Name: Practice Address Line City:	1:	pecialist	Accepting New Patie	State: Practice Fax: Tax ID:		Zip:	/es	No
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP	1: S _I		Accepting New Patie	State: Practice Fax: Tax ID:	ine 2:	Zip:	/es	No
Practice Name: Practice Address Line City: Practice Phone: Group NPI:	1: S _I		Accepting New Patie	State: Practice Fax: Tax ID:	ine 2:	Zip:	/es	No
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP	1: S _I	ff:		State: Practice Fax: Tax ID:	ine 2:	Zip:	/es	No
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by	SI office staf	ff:		State: Practice Fax: Tax ID:	ine 2:	Zip:	/es	No No
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM	SI office staf	ff: LOCATION	N #2	State: Practice Fax: Tax ID: nts: Yes	ine 2:	Zip:		
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM Practice Add: Ye Effective Date:	SI office staf	ff: LOCATION	N #2 Practice Change:	State: Practice Fax: Tax ID: nts: Yes	In Director	Zip:		
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM Practice Add: Ye Effective Date: Contracted Entity Na	SI office staf	ff: LOCATION	N #2 Practice Change:	State: Practice Fax: Tax ID: nts: Yes	In Director	Zip:		
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM Practice Add: Ye Effective Date: Contracted Entity Na Practice Name:	Sport of the state	ff: LOCATION	N #2 Practice Change:	State: Practice Fax: Tax ID: nts: Yes Yes No	In Director	Zip:		
Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM Practice Add: Ye Effective Date: Contracted Entity Na Practice Name: Practice Address Line	Sport of the state	ff: LOCATION	N #2 Practice Change:	State: Practice Fax: Tax ID: nts: Yes Yes No Practice Address L	In Director	Zip: Delete:		
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Practice Name: Practice Address Line City: Practice Phone: Group NPI: Practice as: PCP Languages spoken by PRACTICE INFORM Practice Add: Effective Date: Contracted Entity Na Practice Name: Practice Address Line City: Practice Phone:	Sp office staf	No ecialist	N #2 Practice Change:	State: Practice Fax: Tax ID: nts: Yes Yes No Practice Address L State: Practice Fax: Tax ID:	In Director	Zip: Delete: Date: Zip:		

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PRACTICE INFORMATION	N LOCATIO	N #3							
Practice Add: Yes	No	Practice Change:	Yes	Yes No		Practice Delete		: Yes	No
Effective Date:		Effective Date:		140		Effective	Date:		
Contracted Entity Name:									
Practice Name:									
Practice Address Line 1:			Practic	e Address	Line	2.			
City:			State:	LAddress	LIIIC	. 2.	Zip:		
Practice Phone:			Practice	e Fav			Zip.		
Group NPI:			Tax ID:	c rux.					
Practice as: PCP	Specialist	Accepting New Pati		Yes	Nο	In Directo	rv.	Yes	No
Languages spoken by office		Accepting New Fath		103	110	III Directe	,, y .	103	
Languages spoken by office	, starri								
PRACTICE INFORMATION	N LOCATIO	N #4							
Practice Add: Yes	No	Practice Change:	Yes	No		Practice D	elete:	Yes	No
Effective Date:		Effective Date:				Effective	Date:		
Contracted Entity Name:									
Practice Name:									
Practice Address Line 1:			Practice	e Address	Line	. 2.			
City:			State:	Address	LIIIC		Zip:		
Practice Phone:			Practice	e Fav.			Zip.		
Group NPI:			Tax ID:	c rax.					
Practice as: PCP	Specialist	Accepting New Pati	- L	Yes	No	In Directo	rv.	Yes	No
Languages spoken by office	· · ·	Accepting New Fath		163	-140	III DII ecto	,, y .	165	NO
Languages spoken by office	. stan.								
PRACTICE INFORMATION	N LOCATIO	N #5							
Practice Add: Yes	No	Practice Change:	Yes	No		Practice D	elete:	Yes	No
Effective Date:		Effective Date:				Effective	Date:		
Contracted Entity Name:									
Practice Name:									
Practice Address Line 1:			Practice	e Address	Line	2.			
City:			State:	- Address	LIIIC		Zip:		
Practice Phone:			Practice	e Fav.			Zip.		
Group NPI:			Tax ID:	c rax.					
Practice as: PCP	Specialist	Accepting New Pati	- L	Yes	No	In Directo	rv.	Yes	No
Languages spoken by office	· · · · · · · · · · · · · · · · · · ·	Accepting New Fath	C11C3.	103	- 110	III DI I CCCC	,, y.	163	110
Languages spoken by office	. starr.								
PRACTICE INFORMATION	N LOCATIO	N #6							
Practice Add: Yes	No	Practice Change:	Yes	No		Practice D	elete:	Yes	No
Effective Date:		Effective Date:				Effective	Date:		
Contracted Entity Name:									
Contracted Entity Name: Practice Name:									
Practice Name: Practice Address Line 1:			Dractic	e Address	Line	2.			
City:			State:	Audress	LITTE	٤.	Zip:		
Practice Phone:			+	o Favi			Ζiμ.		
			Practic	с гах.					
Group NPI: Practice as: PCP	Specialist	According Now Dati	Tax ID:		RI-	In Direct-	 	Vaa	No
Practice as: PCP	· · ·	Accepting New Pati	ents:	Yes	INC	In Directo	и у.	Yes	INU
Languages spoken by office	ctaff.								

 $\textbf{Please email to: } \underline{\textbf{DataIntegrity@HealthOptions.org}}$