Maine Network for Health Provider Data Form
For Credentialing Purposes

USFHP GA

To begin your credentialing process, please use this simple, standardized form. **Please note that all portions of this form are REQUIRED information.**

PLEASE NOTE: To ensure prompt processing of your application, it is very important that CAQH be updated with the last (5) years of employment and/or education. Any gaps in work history greater than (6) months must have an explanation.

DATE:		NPI Number:	
Last Name:		First Name:	Middle initial:
Date of Birth:		Primary Telephone No.:	
Primary Office Name:		Contact Person:	
Primary Office Street Address:			Suite #:
Primary Office City:	State	County:	Zip:
Provider Type : MD DO DC DDS DMD DPM Other ___		Applying as : PCP Specialist Both Hospitalist Locum Date _____ Other Non-Cred	
Contracted Specialty:		If PCP, Please indicate if patient panel is: Open Closed Established Patients Only	
Are you board certified in your practicing specialty? Yes No		If Yes, board name:	
If you are not currently board certified, are you pursuing certification? Yes No		If yes, indicate the name of the board and the month & year you plan to sit for your boards: _____/_____	
Are you registered with CAQH? Yes No		IF Yes, CAQH provider ID:	
CAQH information current and complete? Yes or NO		Is CAQH information available to all participating Health Care Organizations? Yes No	

Credentialing Contact Information: Credentialing is a very time sensitive process and the information you provider now will enable us to complete the process in a much more timely manner. Thank you

Contact Name : Melinda Wood

Phone Number: 207-942-2844 Fax Number: 207-942-2723

Address: Maine Network for Health 80 Exchange St., Suite 603, Bangor, ME 04401

E-mail address: M.Wood@mainenetwork.org

CAQH Username and Password are CASE SENSITIVE -- Please be clear!!

CAQH Username:		CAQH password:	
Start Date with this practice/hospital:		Group NPI #	Other NPI #
Primary Fax No:		Email Address:	
Social Security No.:		DEA Certificate No.:	
State License No.:		Licensed State:	
UPIN:	NPI:	Tax ID:	

Note: If you have already completed your application with CAQH, please ensure that you have authorized all applicable organizations to access your data.

Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with any of the above organizations.

If applicable, please contact the health plan directly to request contracting information.