COMMUNITY HEALTH DIRECT

NEW **PROVIDER DATA FORM**

For Credentialing Purposes

If you wish to participate with Community Health Direct, please complete this form and return it to the name and fax number below. Community Health Direct is on line with CAQH and, as mandated by the state, must use their application in our credentialing process. The requested information is required in order for Community Health Direct to access each provider's record in CAQH. If a provider has not previously enrolled with CAQH, Community Health Direct must provide the information. CAQH will assign a Provider ID number and mail a registration kit to the provider. **Please be aware that Credentialing can take between 90-120 days from time of notification to completion.** If you have previously completed your application with CAQH, please ensure that you have authoried Community Health Direct to access your data, that the all documents are current, and that you have re-attested if needed.

Date:	Date of Birth:	Degree:
Last Name:	First Name:	Middle Initial:
Primary Telephone No.:	Primary Fax No.:	
Primary Practice Name:		Tax ID:
Primary Office Street Address:		
Primary Office City:	State: County:	Zip:
Provider Type: (MD,DO,DDS,DPM, OD, NP, PA, Ph.D., Ed.D., LCSW, LMFT, LMHC, etc.)		
Specialty:	Applying As: ☐ PCP ☐ Specialist ☐ Allied Health	
Are you Board Certified? Yes ☐ No ☐	Board Name:	
Are you Registered with CAQH:Yes ☐ No ☐ If Yes, CAQH Provider ID #:		

Individual Medicaid LPI#:	Group Medicaid LPI/Alpha #:
Last 4 digits of Social Security#:	
State License #:	Licensed State:
	NPI #:

Please mail or fax form to:

Attention:
Community Health Direct
Jenna White
jwhite2@ecommunity.com
6626 E 75th St.,Suite 500
Indianapolis, IN 46250

Phone: 317-621-9312
Fax: 317-355-6920

Credentialing Contact: Name_____Phone:_____Email:_____

Contact Mailing Address:_____