

INDIANA PRO HEALTH NETWORK, LLC
PROHEALTH NEW PROVIDER DATA FORM
For Credentialing Purposes

If you wish to participate with Community ProHealth, please complete this form and return it to the name and fax number below. ProHealth is now 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 ProHealth to access each provider's record in the CAQH data base. If a provider has not previously enrolled with CAQH, ProHealth 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 authorized ProHealth to access your data, that the application and documents are current, and that you have re-attested if needed.

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| 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: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health | |
| Are you Board Certified? Yes No | Board Name: | |
| Are you Registered with CAQH: Yes No If Yes, CAQH Provider ID #: | | |

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| | | Please mail or fax form to: |
| Individual Medicaid LPI#: | Group Medicaid LPI/Alpha #: | Attention: Community ProHealth Jenny Bouck jbouck@ecomunity.com 6626 E 75th St., Suite 500 Indianapolis, IN 46250 |
| Last 4 digits of Social Security#: | | Phone: 317-621-7547 Fax: 317-355-6171 |
| State License #: | Licensed State: | |
| | NPI #: | |

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| Credentialing Contact: | Name _____ | Phone: _____ | Email: _____ |
| Contact Mailing Address: _____ | | | |