

**Martin's Point Health Care
Council for Affordable Quality HealthCare
Physician Data Form**

To begin your credentialing application process with Martin's Point Health Care, via the CAQH Universal Credentialing Application, please use this simple, standardized form.

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

Date:		NPI Number:	
Last Name:	First Name:	Middle Initial:	
Date of Birth:	Primary Telephone No.:		
Practice Name:		Contact Person:	
Primary Office Street Address:			Suite #:
Primary Office City:	State:	County:	Zip:
Provider Type (MD, DO, DDS, DMD, DPM) :		Applying As: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Both <input type="checkbox"/> Hospitalist	
Contracted Specialty: <i>(please list only specialty that you are board certified in)</i>	If PCP, please indicate if patient panel is: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> 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 No	Is CAQH information available to all participating Health Care Organizations? Yes No		
<u>Credentialing Contact information:</u> Credentialing is a very time sensitive process and the information you provide now will enable us to complete the process in a much more timely manner. <i>Thank you.</i>			
Contact Name: _____			
Phone Number: _____ Fax Number: _____			
Address: _____			
E-Mail Address: _____			

Important Reminders:

- Please make sure your CAQH information is updated and reattested.
- Please make sure that you have authorized Martin's Point Health Care to view your CAQH information.
- Please make sure your DEA, State License, Board Certification(s) and Malpractice Insurance have not expired and can be viewed on CAQH.
- If you have any questions about the application process or completing this form, please contact Network Management at 1-800-348-9804 (option 4.)

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 Martin's Point Health Care. If applicable, please contact Martin's Point Health Care directly to request contracting information.