



PROVIDER CREDENTIALING REQUEST FORM

Aetna Contracting Rep:		DATE:		Contract ID#:	
GROUP INFORMATION					
W9 Legal Name:				Tax ID#	
Group Primary Address:				# of Locations	#Of Group Practitioners
Contract Group Type:	Group <input type="checkbox"/>	Solo <input type="checkbox"/>	Multi-Spec Group <input type="checkbox"/>	Office Administrator:	
Phone:	Fax:		Email:		

Individual Provider Profile:

(Complete in it's entirety for Each Provider in the Group and/or to be credentialed even if using CAQH database)
(FOR OFFICE USE ONLY)

PROVIDERS NAME:		SPECIALTY (Primary):		CPD #	
				EPDB #	
NPI#		SOCIAL SECURITY #		DATE OF BIRTH:	
MEDICARE #		MEDICAID #		WORKERS COMP #	
CAQH#: *database info MUST be current		MEDICAL LIC #		DEA LIC #	
LAST ATTESTATION DATE:		MD LIC EXPIRATION DATE:		BOARD CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No Name Board Below:	
HOSPITAL AFFILIATION (PRIMARY)			HOSPITAL AFFILIATION (2 ND)		
NAME:			NAME:		
Ambulatory Surgical Center Affiliation:					
Name:			ZIP:		
PATIENT AGE RANGE:	OFFICE HOURS:	ADD'L LANGUAGES SPOKEN BY PRACTITIONER:			
PROVIDER PRACTICING IN ALL OF THE GROUP'S LOCATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY THE EXCEPTION					
(FOR OFFICE USE ONLY) CREDENTIALING STATUS? <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> N/A					

[Information submitted is accurate and current] Signature: X

**PLEASE ATTACH A CURRENT COPY OF THE FOLLOWING DOCUMENTS WITH THIS FORM

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> FL Medical license | <input type="checkbox"/> FL DEA License | <input type="checkbox"/> FL Worker's Comp License | <input type="checkbox"/> W-9 Form |
| <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Financial Responsibility Form | <input type="checkbox"/> Practice Ownership Interest Form | <input type="checkbox"/> Contact Information for Credentialing |
| <input type="checkbox"/> Group's Roster | <input type="checkbox"/> Group's Location List | <input type="checkbox"/> Letter of Interest | |

Completed forms should be faxed to (844) 228-0586

******Please Note: Current CAQH information status is required to process request**