

The purpose of the CAQH Provider Data Portal Application is to eliminate the need for individual credentialing applications for each insurance company and to allow electronic access to the credentialing documents.

Telephone: 443-921-0676

Email: dentalcontracting@carefirst.com

INSTRUCTIONS

- Step 1:** Go to **CAQH Provider Data Portal (<http://proview.caqh.org>)** and complete the online credentialing application if you have not done so in the past 90 days.
 - Already have a CAQH ID? Please indicate it here: _____
- Step 2:** Once the online credentialing application is completed, complete this form and email it to **dentalcontracting@carefirst.com**.
- Step 3:** CareFirst will begin the credentialing process.
- Please review your application in CAQH to be sure all information, including all required attachments (License, DEA, CDS, Malpractice Insurance) and attestation are up to date.

INDIVIDUAL PERSONAL INFORMATION

Last Name		First Name		M.I.
Date of Birth (mm/dd/yyyy) / /		Social Security #		
Degree	Individual NPI #	License #	State	
Practice Name				
Street Address				
City		State	ZIP	
Telephone Mobile Work				
Fax #		Email		
Tax Identification #				