



# Provider Addition/CAQH Form

This form is for Health Alliance providers to notify us of any new providers you would like to add to your existing contracted group. You can also find this form online at [Provider.HealthAlliance.org](http://Provider.HealthAlliance.org) or in the Forms & Resources section of [YourHealthAlliance.org](http://YourHealthAlliance.org) for providers. For non-contracted providers, complete the [prospective provider form](#) online and attach this completed form.

## PRACTICE INFORMATION

Provider Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Degree \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicare ID Number \_\_\_\_\_  
CAQH Number: \_\_\_\_\_ Date CAQH Last Attested: \_\_\_\_\_  
Provider Specialty: \_\_\_\_\_ Provider NPI Number: \_\_\_\_\_  
Provider Tax ID Number: \_\_\_\_\_ DEA Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
Provider Group Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
If applicable, supervising physician name and NPI: \_\_\_\_\_

Office Location/Phone Number  
Address 1: \_\_\_\_\_ Mailing Address (if different from office location address)  
Address 2: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Billing Address (if different from mailing address)  
Fax Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

If you have additional office locations, attach the information to this form.

Name of Credentialing Contact (Please print): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

Added Health Alliance to list of Payors that can access CAQH:  Mark Complete

I attest that my CAQH application is up-to-date with the most current information.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please visit [HealthAlliancePro.org](http://HealthAlliancePro.org) or call the Provider Services Department at 1-800-851-3379, extension 8277.

## PLEASE SEND THE COMPLETED FORM TO:

**Mail:** Health Alliance Medical Plans • Attn: Provider Network Management • 3310 Fields South Drive • Champaign, IL 61822  
**Email:** [provider.relations@healthalliance.org](mailto:provider.relations@healthalliance.org)