

Network Services Representative:

Submitted By:

Date:

PROVIDER DEMOGRAPHIC REQUEST FORM

- Please ensure provider’s CAQH application and uploaded documents are current (Utah State License, COI, and DEA if applicable, as well as preferred credentialing contact information).
- If provider is not yet registered with Utah State Medicaid, please begin this process as soon as possible. Utah State Medicaid registration is required to participate with our plan. Credentialing cannot be completed until provider is registered.
- Credentialing can take 60-90 days from the time all updated documents are received. Providers cannot see Health Choice members until credentialing is complete. This will result in the denial of claims. Providers will receive a welcome letter via mail upon completion, indicating their effective date with our plan.

Contact Name	
Contact Phone Number	
Contact Email	
Request Type	
Provider Name (Last, First, M.I.)&DOB	
Title (MD, DO, PA, NP) & Specialty	
CAQH Number	
Provider NPI Number	
Tax ID Number	
Vendor NPI Number	
Eff. Date of Add, Change or Term	
Role (PCP or Specialist)	
Primary Practice Name	
Primary Practice Address	
Office Phone & Fax	
Hours of Service	
OTHER ADDRESS INFORMATION:	
Billing Address	
Billing Contact Name/Email	
Credentialing Address	
Credentialing Contact Name/Email	
Contracting Address	

Contracting Contact Name/Email

ADDITIONAL INFORMATION

Individual Medicaid ID	
Group Medicaid ID	
Previous Employer/ Active or Inactive (term date)	
Line of Business	
FQHC Provider	
Notes: Any special instruction including additional locations for provider if applicable.	