OrthoNet
Integrators of Orthopaedic Care

Credentialing Department
White Plains, NY 10605
Tel. 800-372-8922, **Fax. 914-683-8415**

CAQH Notification
For NEW Individual Therapists

*Before submitting this form, please ensure that each therapist has completed their application on CAQH**.** Submission of this form will **start** the Credentialing process for those individuals listed that have "completed" their application on CAQH. You will be contacted by a Credentialing specialist if additional information is required.

The credentialing process takes 30-60 days from receipt of notification of a "complete" application. When therapists are approved, confirmation will be faxed to your Facility credentialing fax #.

Facility DBA Name: _____ TIN#: _____

Primary Facility Address tied to: _____

City: _____ State: _____ Zip: _____

Phone:_____ Fax:_____

****[ ] Please check this box next to each therapist listed below ONLY if covered under the Group/Facility's Professional Liability Insurance.** (OR provide a signed and dated document attesting to employees coverage.)
***Make sure to sign and date the bottom of this form for this to be VALID**.

Covered Ins.	First and Last Name, Deg	CAQH ID Number w/Group	Start Date Month/Year	CAQH App "Complete"/Current
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes
[ ]	_____	_____	_____	[ ] Yes

(Please complete below – before submitting to OrthoNet):

Requested by (print name)	Title	Contact Phone	Date
_____	_____	_____	_____

PLEASE NOTE: All "New" therapists need to be fully credentialed by OrthoNet with a participating Facility, BEFORE providing care to OrthoNet members.