

CAQH ID Request form
For Individual Therapists

****Please Do NOT complete this form if OrthoNet does not have your Facility Contract on file ****
This will not be processed & cannot be credentialed- if there is no Contract with OrthoNet for the Facility.

***NOTE:** ID requests take 7-10 days. Once the application is “COMPLETE” on CAQH; please submit the CAQH Notification Form which can be located at www.orthonet-online.com/provider

Please complete **ALL** information below – to request a CAQH ID for each Individual therapist who does NOT currently have a CAQH ID#. (Please complete ALL areas for each- as they are **required fields.**)

Facility DBA Name: _____ TIN#: _____

Facility Address: _____ City: _____ State: ____ Zip: _____

First, MI, Last Name, Suffix: _____, Deg: _____
Specialty Type: __ PT __ OT Date of Birth : _____ Start date w/Group: _____ / _____
Month Year
Credentialing Email Address: _____

First, MI, Last Name, Suffix: _____, Deg: _____
Specialty Type: __ PT __ OT Date of Birth : _____ Start date w/Group: _____ / _____
Month Year
Credentialing Email Address: _____

First, MI, Last Name, Suffix: _____, Deg: _____
Specialty Type: __ PT __ OT Date of Birth : _____ Start date w/Group: _____ / _____
Month Year
Credentialing Email Address: _____

First, MI, Last Name, Suffix: _____, Deg: _____
Specialty Type: __ PT __ OT Date of Birth : _____ Start date w/Group: _____ / _____
Month Year
Credentialing Email Address: _____

*****Requested By: Please complete below – If not “completed” request will NOT be processed:**

Print Name _____ Title _____ Contact Phone _____ Date _____

******NOTE:** Once OrthoNet has assigned your CAQH ID’s - CAQH will notify you directly via EMAIL to complete the application on CAQH @ <https://upd.caqh.org/OAS/> or call (888) 599-1771.