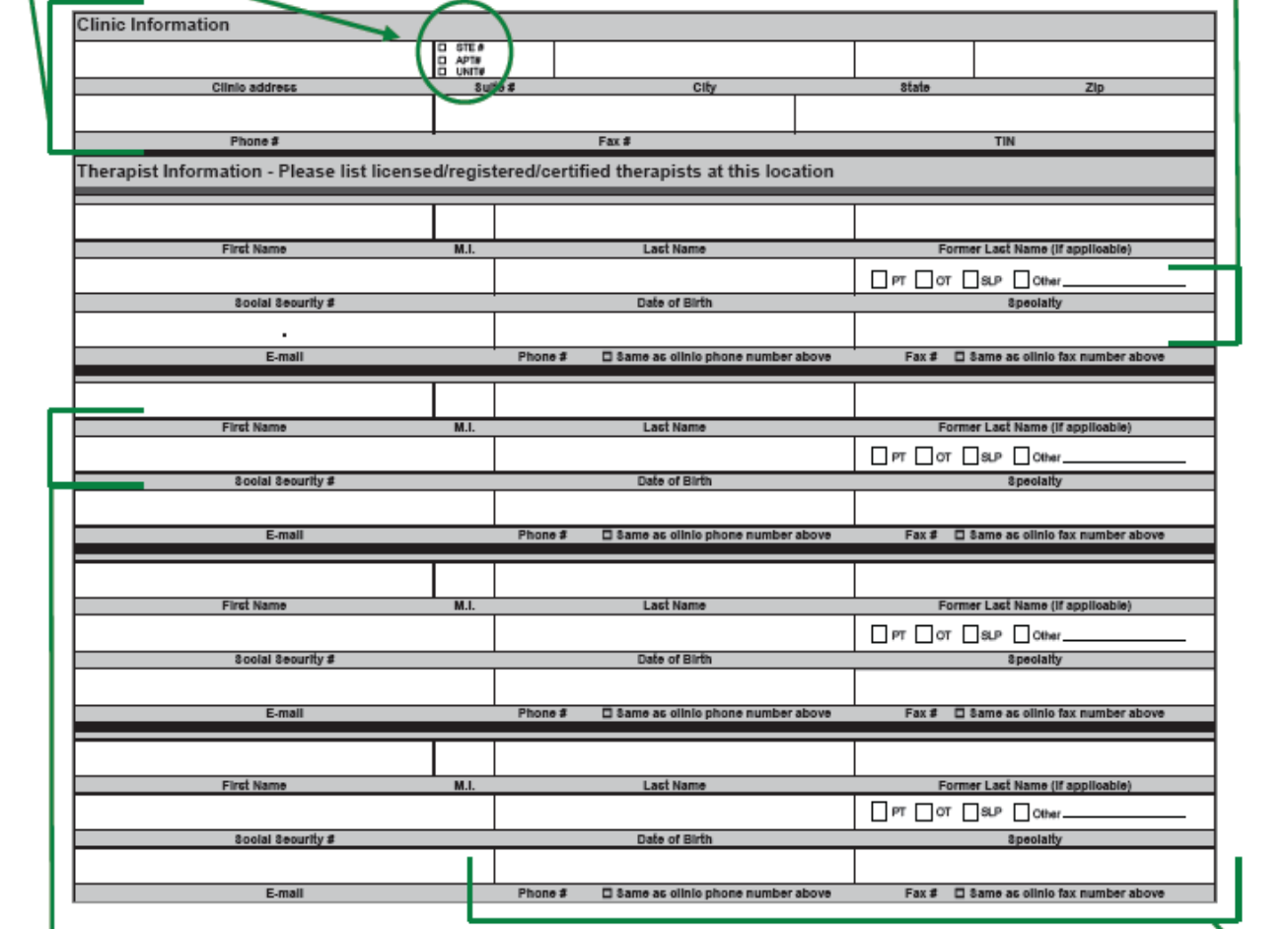
Individual Therapist Credentialing Form

Quick Reference Guide

- Please list therapists at only their primary work location. Fully complete the Individual Therapist Credentialing Form.
- Complete at least one form for each clinic location. Each form accommodates information for four therapists.
- Make copies as needed for your clinics and therapists.
- Therapist information is required for credentialing purposes only. Accreditation standards require us to individually credential each therapist.
- Therapists should upload your organization's most recent malpractice declarations page to their CAQH application. The malpractice documentation must state it covers all therapists employed by your organization or contain the names of the therapists.
- Therapists must respond promptly to information requests from OptumHealth.
- When new therapists join your organization, you must contact us to initiate credentialing before they can provide services to our members. Please send this form to optumcred@optum.com or fax 877-309-9421
- For additional questions, please call (800) 873-4575.

Complete clinic location information; be sure to indicate suite/unit/apartment #.

Indicate the specialty of each provider.



Clinic Information

☐ STE # ☐ APT# ☐ UNIT#

Clinic address | Suite # | City | State | Zip

Phone # | Fax # | TIN

Therapist Information - Please list licensed/registered/certified therapists at this location

First Name | M.I. | Last Name | Former Last Name (If applicable)

☐ PT ☐ OT ☐ SLP ☐ Other _____

Social Security # | Date of Birth | Specialty

E-mail | Phone # ☐ Same as clinic phone number above | Fax # ☐ Same as clinic fax number above

(repeated for four therapists)

A SSN or Date of Birth is required for adding therapists to the CAQH database and for accessing their applications. **These numbers are used for credentialing purposes only.**

Phone and fax numbers where the **therapist** can be reached during business hours if additional information is required for credentialing processing. If the number is the same as the clinic # above, please indicate this using the checkboxes.

Individual Therapist Credentialing Form

OPTUM™ OrthoNet

Clinic Information

Clinic Address	Suite # (☐ STE # ☐ APT# ☐ UNIT#)	City	State	Zip

Phone #	Fax #	TIN

Therapist Information - Please list licensed/registered/certified therapists at this location

First Name	M.I.	Last Name	Former Last Name (if applicable)

Social Security #	Indvidual Medicaid #	Date of Birth	Individual NPI #	Specialty
				☐ PT ☐ OT ☐ SLP ☐ Other ________

E-mail	Phone # ☐ Same as clinic phone number above	Fax # ☐ Same as clinic fax number above

First Name	M.I.	Last Name	Former Last Name (if applicable)

Social Security #	Indvidual Medicaid #	Date of Birth	Individual NPI #	Specialty
				☐ PT ☐ OT ☐ SLP ☐ Other ________

E-mail	Phone # ☐ Same as clinic phone number above	Fax # ☐ Same as clinic fax number above

First Name	M.I.	Last Name	Former Last Name (if applicable)

Social Security #	Indvidual Medicaid #	Date of Birth	Individual NPI #	Specialty
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First Name	M.I.	Last Name	Former Last Name (if applicable)

Social Security #	Indvidual Medicaid #	Date of Birth	Individual NPI #	Specialty
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