

## Request for credentialing form

Practitioner information					
Practitioner first name				Middle initial	
Practitioner last name				Gender	
Practitioner's primary specialty				Degree	
Practice as		CAQH number		Individual NPI number	

Primary practice information					
Practice name				Start date with practice	
Business name (Legal DBA from W-9)				TIN	
Practice primary physical address				Group NPI	
				City	
Phone		Fax		State	Zip code

Billing contact information					
Billing address				City	
Same as practice address <input type="checkbox"/>				State	
Phone		Extension		Zip code	
Fax					

Credentialing contact information					
Name		Phone		Extension	
Email address					

Please email the completed form to OptumCare Mountain West Credentialing at [mtnwest\\_credentialing@optum.com](mailto:mtnwest_credentialing@optum.com)

Additional information regarding CAQH and the OptumCare credentialing process can be found on [professionals.optumcare.com/credentialing](https://professionals.optumcare.com/credentialing)