



Faxing Guidelines

1. Fax your documents ONLY to 1-866-293-0414 (toll-free).
2. Office Managers: Send one provider at a time, each with their corresponding fax cover sheet.
3. Place all pages in the correct order, facing the same direction.
4. Complete all information on the fax cover sheet:
 - Mark the documents you included and the number of pages for each.
5. Make sure your fax machine is set to the highest resolution: typically, "High" or "Fine" mode.
 - To ensure legibility, please make a readable photocopy of the DEA Certificate prior to faxing
6. Ensure that your fax machine indicates a successful status code. If not, refax all documents.

Avoid These Common Mistakes

1. Cover sheet problems

CAQH uses special technology to identify you and your documents based upon the personalized fax cover sheet that is printed from the Universal Provider Datasource. If this document is not used properly, your processing time may be delayed, or we may not be able to identify you at all. The most common errors are:

- **Omitting a fax cover sheet altogether.**
- **Using a non-CAQH fax cover sheet (i.e., your office fax cover).**
- **Using one provider's fax cover sheet for multiple providers.**
- **Using one provider's fax cover sheet for another provider.**

These above errors represent approximately 60% of all faxing problems. Careful attention to the cover sheet when faxing your documents is extremely important.

2. Faxing your documents more than once

All supporting documents are manually reviewed for clarity, orientation and appropriate provider association. **This document is to be used during the system maintenance period only.**

3. Faxing your data summary

The Universal Credentialing DataSource allows you to print and review the information you have entered into your application via a "Data Summary." DO NOT send this data summary with your supporting documents.

DO NOT FAX THIS SHEET



FAX COVER SHEET

Thank you for completing the CAQH Provider Application. You will use these forms to submit supporting documentation and authorize the release of your credentialing data to participating healthcare organizations. This page will serve as your fax cover sheet. Please assemble all pages as instructed, complete this form, and fax to:

CAQH Provider ID _____

Name _____

Phone Number _____

FAX NUMBER: 1-866-293-0414

Instructions for CAQH States: (other states please see attached pages)

The supplemental documentation requested in your application is listed below. For each of the documents that apply to you, please indicate the ID of the attachment, the number of pages for that attachment and the state of issue (if applicable). For each document, also indicate with an "X" if you are adding the document to the system (first time submitting that particular document) or replacing that previously submitted document.

Documents requested in your application. Required.

[R] =

[CR] = Required only if you hold the listed certificate.

ID Attachment

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 006 Application Release - Stamped Signatures Not Accepted [R]
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 007 State License Certificate
- 004 W9 - Please submit especially for any newly reported tax ID numbers
- 005 Workers Compensation Certificate of Coverage

Attachment ID (see above)	Number of Pages	Issuing State (if applicable)	Mark only one box for each document		Attachment ID (see above)	Number of Pages	Issuing State (if applicable)	Mark only one box for each document	
			Add	Change/ Replace				Add	Change/ Replace
Ex: 110	1	KS	X						

MAINTENANCE PERIOD FAX SHEET



Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID	Attachment	ID	Attachment
000	Credentialing Application (Required for paper applications only)	007	State Professional License(s) [R]
003	Certificate of Insurance [CR]	051	TB Skin Test Documentation
014	Certificates for BLS, ACLS, ATLS, PALS and NRP	004	W-9 [R]
026	Diplomas and/or certificates of completion (medical school, healthcare professional school, etc.)		
011	Diplomat of NBME or ECFMG Certificate (if applicable)		
001	Federal Narcotics License (DEA Registration) [CR]		
024	Military Discharge Record (Form DD-214) (if applicable)		
025	Non-physicians submit a resume with complete professional history in chronological order		
030	Permanent Resident Card or Visa Status (if applicable)		
027	Photograph, passport size or Current Driver's License		
012	Specialty/Subspecialty Board Certification or letter from Board(s) indicating status (if applicable)		

GEORGIA

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID	Attachment	ID	Attachment
000	Credentialing Application (Required for paper applications only)	011	ECFMG Certificate
016	Attestation and Signature Page - page 10 - Stamped Signatures Not Accepted [R]	030	Permanent Resident Card or Visa Status [CR]
017	Authorization and Release form - page 13 (Schedule A) [R]	027	Photograph, passport size
012	Board Certification Certificate	043	Schedule A - Page 1
014	Certificates of completion (med school, internship etc)	031	Schedule B - Professional Liability Claims Information Form [R]
003	Current Professional Liability Insurance Policy Face Sheet [R]	032	Schedule C - Regulation Acknowledgement [R] - except Allied Health
025	Curriculum Vitae/Resume [R]	002	State Controlled Dangerous Substance (CDS) Certificate [CR]
024	DD214, record of military service	007	State License Certificate [R]
001	DEA Registration [CR]		
026	Diplomas (med school, etc.)		
026	Diplomat of National Board of Medical Examiners Certificate		

ILLINOIS

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID	Attachment	ID	Attachment
000	Credentialing Application (Required for paper applications only)	037	Form E - Medical Condition [CR]
006	Application Release - Stamped Signatures Not Accepted [R]	038	Form F - Chemical Substances or Alcohol Abuse [CR]
003	Current Professional Liability Insurance Policy Face Sheet [R]	016	Illinois "Affirmation of Information" - page 2 - Stamped Signatures Not Accepted [R]
025	Curriculum Vitae/Resume [R]	007	Illinois Professional License [R]
001	DEA Registration [CR]	007	Other State Professional Licenses
026	Diplomas (med school, etc.)	014	Professional School Diploma, Other Training Certifications, As Applicable
011	ECFMG Certificate	002	State Controlled Dangerous Substance (CDS) Certificate [CR]
033	Form A - Adverse And Other Actions [CR]	004	W9 - Please submit especially for any newly reported tax ID numbers
034	Form B - Professional Liability Actions [CR]		
035	Form C - Liability Insurance [CR]		
036	Form D - Criminal Actions [CR]		

MASSACHUSETTES

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID	Attachment	ID	Attachment
000	Credentialing Application (Required for paper applications only)	052	Hospital Letter, Verification of Hospital Credentialing, or Alternative Pathways
016	Applicants Authorization and Release [R]	053	IAP-66
012	Current Documentation of Board Certification	054	Reference Letter [CR]
001	Current Federal DEA Controlled Substance Certificate	004	W-9
003	Current Malpractice Sheet [R]		
002	Current Massachusetts Controlled Substance Registration		
007	Current Massachusetts State License		
055	DEA Waiver		
026	Diplomas (med school, etc.) [R]		
011	ECFMG Certificate		
030	Green Card or Approval Letter		

DO NOT FAX THIS SHEET



MISSISSIPPI

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 006 Application Release – Stamped Signatures Not Accepted
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 007 Other State Medical License(s)
- 045 Section D – Attestation Questions [R]
- 017 State Authorization
- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 007 State License Certificate [R]
- 007 State Mississippi Medical License(s)

ID Attachment

- 016 State Release – Stamped Signatures Not Accepted [R]

MISSOURI

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 014 A list of societies of which you are currently a member
- 006 Application Release – Stamped Signatures Not Accepted [R]
- 012 Board Certification Certificate
- 022 CLIA waiver number and identification number (or copy of certificate)
- 014 Collaborative practice and/or physician assistant agreement(s)
- 014 Copies of all postgraduate (CME) activities credited in the last two years
- 014 Copies of professional diplomas and training certificates as applicable
- 003 Current certificates of insurance, including HCSF for Kansas practitioners [R]
- 007 Current state licenses (for all states practicing) [R]
- 025 Curriculum Vitae (if required by health carrier)

ID Attachment

- 011 Education Council for Foreign Medical Graduates (ECFMG) certificate
- 001 Federal DEA certificate [CR]
- 044 Signed Malpractice Claims History [R]
- 002 State controlled substance certificates for all states (i.e. BNDD for MO) [CR]
- 024 US Military discharge papers (DD214) or status if currently serving
- 004 W9 – Please submit especially for any newly reported tax ID numbers

NORTH CAROLINA

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 012 Board Certification Certificate
- 022 CLIA Certifications
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 025 Curriculum Vitae/Resume
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 007 North Carolina State License [R]
- 016 North Carolina State Release – Stamped Signatures Not Accepted [R]
- 007 Other State License(s)
- 014 References

ID Attachment

- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 004 W9 – Please submit especially for any newly reported tax ID numbers

NEVADA

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 012 Board Certifications (if applicable)
- 014 CME Certifications
- 025 Copy of current Curriculum Vitae (include month/year)
- 004 Copy of W-9
- 001 Current Federal DEA Registration [CR]
- 007 Current Medical/Professional Licenses [R]
- 003 Current Professional Liability Insurance [CR]
- 002 Current State Pharmacy Registration [CR]
- 024 DD Form 214 (if military experience)
- 050 Documentation of exams (FLEX, USMLE, etc)

ID Attachment

- 011 ECFMG Certificate (if a foreign grad.)
- 044 Malpractice Claims Information Worksheet (page 25 of application) [R]
- 006 Nevada State Authorization [R]

DO NOT FAX THIS SHEET



OHIO

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 006 Application Release – Stamped Signatures Not Accepted [R]
- 012 Board Certification Certificate
- 040 Certificate for Conducting Xray and/or Laboratory Services
- 041 Certificate of Advanced Nurse Practitioners
- 039 Certificate or Letter Certifying Formal Post-Graduate Training
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 025 Curriculum Vitae/Resume
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 016 Ohio Attestation – Stamped Signatures Not Accepted

ID Attachment

- 014 Other Certificate
- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 007 State License Certificate [R]
- 004 W9 – Please submit especially for any newly reported tax ID numbers
- 005 Workers Compensation Certificate of Coverage

OKLAHOMA

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 006 Application Release – Stamped Signatures Not Accepted [R]
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 025 Curriculum Vitae/Resume
- 001 DEA Registration [CR]
- 014 Emergency Care Training Certificates
- 002 Oklahoma's Bureau of Narcotics and Dangerous Drugs Registration (BNDD) [CR]
- 030 Permanent Resident Card or Visa Status [CR]
- 027 Photograph, passport size
- 016 State Release – Stamped Signatures Not Accepted
- 004 W9 – Please submit especially for any newly reported tax ID numbers

ID Attachment

OREGON

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 016 Authorization and Release of Information – Stamped Signatures Not Accepted [R]
- 012 Board Certification Certificate
- 002 CSR Certificate [CR]
- 025 Curriculum Vitae/Resume
- 001 DEA Certificate [CR]
- 011 ECFMG Certificate
- 003 Face Sheet of Professional Liability Policy [R]
- 014 Other Certificate
- 044 Professional Liability Action Detail
- 049 Section XXI – Attestation Questions [R]

ID Attachment

- 007 State Professional License(s) [R]
- 004 W9 – Please submit especially for any newly reported tax ID numbers
- 005 Workers Compensation Certificate of Coverage

TEXAS

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 022 CLIA Certifications
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 024 DD214, record of military service
- 001 DEA Registration [CR]
- 023 Radiology Certifications
- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 021 State DPS Controlled Substances Registration Certificate
- 017 TX Authorization Page 11 [R]
- 016 TX Release Page 12 – Stamped Signatures Not Accepted [R]
- 004 W9 – Please submit especially for any newly reported tax ID numbers

ID Attachment

- 005 Workers Compensation Certificate of Coverage

DO NOT FAX THIS SHEET



WASHINGTON

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 017 Attestation [R]
- 016 Authorization and Release of Information - Stamped Signatures Not Accepted [R]

ID Attachment

- 004 W9 - Please submit especially for any newly reported tax ID numbers
- 049 Washington Practitioner Attestation Questions [R]
- 005 Workers Compensation Certificate of Coverage

012 Board Certification Certificate

- 002 CDR Certificate [CR]
- 025 Curriculum Vitae/Resume
- 001 DEA Certificate [CR]
- 011 ECFMG Certificate
- 003 Face Sheet of Professional Liability Policy [R]
- 014 Other Certificate
- 007 State Medical License [R]

WEST VIRGINIA

Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

ID Attachment

- 000 Credentialing Application (Required for paper applications only)
- 012 Board Certification Certificate
- 014 CME/CEU Session Certificates
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 025 Curriculum Vitae/Resume
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 014 Formal Post-Graduate Training Certificates
- 007 Other State License(s)
- 030 Permanent Resident Card or Visa Status [CR]
- 046 Professional Liability Verification

ID Attachment

- 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
- 007 State License Certificate [R]
- 004 W9 - Please submit especially for any newly reported tax ID numbers
- 016 West Virginia Authorization and Release - Stamped Signatures Not Accepted [R]

DO NOT FAX THIS SHEET