



Arizona Association of Health Plans

Credentialing Alliance
PRACTITIONER DATA FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. New providers receive written confirmation of their effective date with the health plan. Members may not be seen until the provider receives written confirmation that a request or change is approved and completed (this includes approval by the Credentialing Committee if applicable). Please Type or Print Clearly.

To: Return To:
Fax #: Phone #: Fax #:
Phone #:

DIRECTIONS:

- Please type or print this form clearly and return the completed form with attachments
CAQH Registration is required
Certification in your requested specialty or documentation of your examination date is required in order to successfully complete the contracting process

Attach the following:

- IRS 941 coupon or accurate W9
Documentation of board certification or scheduled exam date
General Anesthesia Permit, Conscious Sedation Permit and/or Oral Conscious Sedation Permit (Dental providers only)

CAQH Registered?

- Yes CAQH # Please ensure your application is up to date and that each health plan you are requesting participation in is authorized to access your data.
No

Practitioner's Name & Degree: (Last) (First) (M.I.) (Degree)
1099 Registered Name (Required):
Group Practice Name (DBA):
Are you associated with any of the following:
Lines of Business:
SSN:
Is provider a Medicare participating provider?
Primary Specialty:
Secondary Specialty:
Want Contract as PCP?
Do you treat patients with special health care needs?
PCP's ONLY: Do you treat one or more of the following diagnoses?
Do you provide one or more of the following services?
Do you participate in VFC (Vaccines for Children)?
Are You a Baby Arizona Provider?
Hospitals & Ambulatory Surgery Center(s) where practitioner has privileges:
Names of Practitioners in Call Group (Must be contracted with plan):

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<b>BILLING SERVICE</b> (If applicable)	Name:			
	Address:		Phone:	
	City:	State:	Zip Code:	Fax:

<b>PAY TO ADDRESS</b> (All payments sent to this address)	Address:		City:	State:
	Billing Phone Number:		Billing Fax #:	
				Zip Code:

<b>PRIMARY ADDRESS</b> (Physical location where services are performed)	Address:		City:	Zip Code:
	Phone #:		Fax #:	
	Office Hours:		Office Contact ( <i>All Other</i> ):	
				County:

<b>ADDITIONAL OFFICE:</b> (Indicate other additional offices on an attached sheet)	Address:		City:	Zip Code:
	Phone #:		Fax #:	
	Office Hours:			
				County:

<b>MAILING ADDRESS:</b> (All correspondence will be sent to this address)	Address:		City:	Zip Code:
	E-mail Address:			County:

<b>CREDENTIALING CONTACT:</b>	Name:			
	Address:		Phone:	
	City:	State:	Zip Code:	Fax:

Languages other than English spoken by PRACTITIONER:
Languages other than English spoken by OFFICE STAFF:
Any other Name(s) Possible in Records?

Describe Your Medical Record Keeping System(s):		
Describe Your Cost Record Keeping System(s):		
Electronic Claims Submission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a minority or female owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Funds Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The fax number and phone number for each participating plan is listed in the table below.

**If your intent is to apply for participation in a Health Plan network**, please send only to the Plan(s) you are interested in joining. NOT ALL Plans provide services in every county. Please contact the Plan directly to verify that they provide services in your county and that they are accepting new providers.

**If you are adding a practitioner under an existing Health Plan contract**, please only send to the Plan(s) you are contracted with.

HEALTH PLAN	PHONE	FAX	WEBSITE
Care1st Health Plan Arizona	(602) 778-1800 (options in order 5, 7)	(602) 778-1875	<a href="http://www.care1st.com/az">www.care1st.com/az</a>
Comprehensive Medical and Dental Program (CMDP)	(602) 351-2245 or (800) 201-1795 (options in order 1, 2, 3)	(602) 264-3801	<a href="http://www.azdes.gov/cmdp">www.azdes.gov/cmdp</a>
Health Choice Arizona	(800) 322-8670 (options in order 4, 7)	Maricopa/Pinal/Gila: (480) 303-4433 Apache/Navajo/Mohave/Coconino: (480) 760-4709 Yuma/LaPaz: (866) 851-2623 Pima/Santa Cruz: (520) 322-5784 All Dentists (Statewide): (480) 760-4706	<a href="http://www.healthchoiceaz.com">www.healthchoiceaz.com</a>
Mercy Care Plan	(602) 263-3000 (Express Code 631)	(860) 975-3201	<a href="http://www.mercycareplan.com">www.mercycareplan.com</a>
Phoenix Health Plan	(602) 824-3720	(602) 674-6670	<a href="http://www.phoenixhealthplan.com">www.phoenixhealthplan.com</a>
SCAN Health Plan Arizona	(602) 778-3350	(602) 778-3351	<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>
UnitedHealthcare Community Plan	(877) 842-3210	(612) 234-0211	<a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a>
The University of Arizona Health Plans	(520) 874-5290 or (800) 582-8686	(520) 874-7142	<a href="http://www.ufcaz.com">www.ufcaz.com</a> <a href="http://www.mhpaz.com">www.mhpaz.com</a> <a href="http://www.universitycareadvantage.com">www.universitycareadvantage.com</a> <a href="http://www.universityhealthcaregroup.com">www.universityhealthcaregroup.com</a>

*Each plan retains the right to make their own contracting decisions (whether or not to add practitioners to their network) and also will make their own credentialing committee decisions (review of the primary source verification information obtained by OptumInsight™ resulting in approval/denial by the plan's committee). You will receive separate communication from each plan regarding the effective date of your credentialing and the effective date of your contract.*