

Please send complete documentation to:

[SCAN AND EMAIL TO: Emily.Hardesty@allyalign.com](mailto:Emily.Hardesty@allyalign.com)

If more than 5 providers, submit a roster. Reference the CAQH Attachment for additional Information and credentialing requirements.

PROVIDER INFORMATION

ENTITY/GROUP NAME: _____

D/B/A, if applicable: _____

NPI (if various, include in roster): _____

TIN (if various, include in roster): _____

REMITTANCE ADDRESS (BUSINESS OFFICE): *IF MULTIPLE, INCLUDE IN ROSTER

STREET: _____

CITY: _____ STATE: _____

ZIP: _____ OFFICE PHONE: _____

BUSINESSCONTACT/NOTIFICATIONS:

NAME:

TITLE:

ADDRESS:

PHONE/EMAIL:

CREDENTIALING CONTACT (*Required unless group is delegated*):

NAME:

TITLE:

ADDRESS:

PHONE/EMAIL:

IF THERE ARE MORE THAN 5 PROVIDERS, A ROSTER MUST BE ATTACHED THAT INCLUDES PROVIDER NAME, NPI, ALL SERVICING LOCATIONS, GROUP NPI, BILLING INFORMATION AND CAQH ID.

Provider Name	Specialty	Service Location(s)	NPI	CAQH ID

CREDENTIALING APPLICATION REQUIREMENTS

Before participating in the network, all providers must be credentialed. Providers can utilize a paper application or for easier processing, can provide their CAQH ID number.

Completing the CAQH application prior to beginning the credentialing process will ensure that providers are credentialed and in-network without delays. Providers cannot see members until credentialing is completed and a countersigned contract has been returned to your practice.

The credentialing process begins with an updated CAQH profile. Providers that do not have a CAQH profile, can register at www.caqh.org.

If there is already an established CAQH profile, confirm the profile status by logging into the CAQH portal.

Practitioners are required to submit a CAQH number and have updated CAQH applications prior to beginning the credentialing process.

andros (formerly known as CredSimple) is the AllyAlign Health Credentialing Verification Organization. **andros** will contact you via fax, email or phone to address incomplete or non-compliant applications.

Application Requirements	
NOTE: Incomplete or non-compliant applications will delay entrance into the network.	
Requirement	What to check
Recent CAQH profile	<ul style="list-style-type: none"> ● CAQH profile must be attested to (signed) within the past 120 days
Updated Practitioner Information	<ul style="list-style-type: none"> ● Credentialing contact information ● Other licenses ● Name of Board if Board Certified ● DEA & State License Information (<i>including issuance and expiration dates</i>)
Minimum of 5 year work history and explanation of any gaps over 6 months	<ul style="list-style-type: none"> ● Include 5 years of work history, or, if a provider has worked less than 5 years, work history should be completed from license issuance date ● Add license issuance date ● Provide a complete work history - any gaps in employment over 6 months require an explanation ● Only fellowships are applicable towards work history gaps, additional training will not be counted
Answer all disclosure questions on CAQH profile	<ul style="list-style-type: none"> ● Complete all disclosure questions on your CAQH profile. ● Provide an explanation for any question answered positively.
Current malpractice coverage	<ul style="list-style-type: none"> ● Practitioners must have current liability insurance coverage