



Request for Practitioner Information Form

Please complete this form in it's entirety to begin the credentialing process. You will be notified in writing of our decision. All portions of this form are required fields in order to consider your request.

<u>Practitioner Information</u>		Today's date:		Effective Date with Practice:	
Last Name:		First Name:		Middle Initial:	
Provider Type (MD, DO, DC, DDS, DPM, etc) :		Specialty:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Practitioner DOB (mm/dd/yyyy):		Social Security No.:			
NPI # (Individual)		Languages Spoken:			
DEA Certificate No.(if applicable):		Medicare PIN:			
OH License Number:					
Hospital Privileges with effective dates:					
<u>Office Information (please make additional copies and complete information for each location) ___ of ___</u>					
Tax ID:		Office Name:			
Street Address:				Suite #:	
City:		State:	County:		Zip:
Telephone No.:		Fax No.:		NPI group # (if applicable)	
Are you accepting new patients? <input type="checkbox"/> YES <input type="checkbox"/> NO	If approved, would you like this location listed in our directory? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you currently an E-prescriber? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this location handicap accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Multiple Provider Practice: <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, include names:			
Name of Contact Person :			Phone No.:		
Email Address:					
<u>Correspondence address for mailing purposes:</u>					
Street Address:		Suite #:	City:	State:	Zip:
<u>Billing address for remit purposes:</u>					
Street Address:		Suite #:	City:	State:	Zip:

Note: If you have already completed your application with CAQH, please ensure that you have authorized AultCare to access your data. Using CAQH does not grant participation or constitute applying for participation with AultCare. Please fax this completed form to the AultCare Credentialing Department at 330-363-6421, e-mail credentialing@aultcare.com, or mail to:
 AultCare Credentialing Department
 PO Box 6910
 Canton, OH 44706

Please contact AultCare Credentialing at **330-363-1400** if you have any questions Monday-Friday 8:00 am to 4:30 pm.