

Mountain Health CO-OP/University of Utah Healthplans Provider add request

Today's Date: _____

New Provider to Existing Group

For new practitioners with your practice, simply send the following information for each practitioner to be credentialed, or a roster containing the information below, to our credentialing team at provider.credentialing@hsc.utah.edu.

Credentialing contact name and email address

Name: _____

Email: _____

Group and provider information

Group Name: _____

Tax ID #: _____

Group NPI: _____

Provider Name: _____

Individual NPI: _____

Gender: **F** **M** **U**

Date of Birth: _____

CAQH ID: _____

Start Date: _____

Practitioner's
title: _____

Practitioner's
specialty: _____

Hospital based

Primary address: _____

Phone Number: _____

Fax Number: _____

Additional
address: _____

Phone Number: _____

Fax Number: _____