

For new practitioners with your practice, please 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:

IF THE PROVIDER IS LEAVING THEIR PREVIOUS PRACTICE, PLEASE PROVIDE DETAILS

GROUP NAME:

TERM DATE:

CURRENT GROUP AND PROVIDER INFORMATION

GROUP NAME:

TAX ID:

GROUP NPI:

PROVIDER NAME:

INDIVIDUAL NPI: GENDER: FEMALE MALE UNKNOWN

DATE OF BIRTH: CAQH ID:

START DATE: HOSPITAL BASED: YES NO

PRACTITIONER'S TITLE:

PRACTITIONER'S SPECIALTY:

PRIMARY ADDRESS:

PHONE: FAX:

ADDITIONAL ADDRESS:

PHONE: FAX: