



Provider Add Form / Credentialing Application

CAQH ID Number _____

The following required documents need to be loaded into your CAQH account to assure timely processing

- A signed attestation form (signed within the last 12 months).
 - Copy of up to date Liability Insurance.
- Resume/CV with the last 5 years of employment, explaining gaps of 6 months or more.

Provider Information

	Last	First	Middle	Suffix	Degree
Name					
Specialty					
Indiv. NPI		DOB		Gender	
SSN		License #		License St	

Practice Information

Practice Name					
Group NPI		Tax ID			
Contact Name		Title			
Email		Phone			

Physical Service Address

Street					
City		State		Zip	
Phone		Fax			

Billing Address

Street					
City		State		Zip	
Phone		Fax			

Signature

Date

Please print this and mail to: Allegiance Provider Direct
P.O. Box 3018 - Missoula, MT 59801
or fax to (406) 523-3139

If you do not have a CAQH account, please contact
credentialing@askallegiance.com for more information