

## CAQH Submission Form

### What is CAQH?

The CAQH (Council for Affordable Quality Healthcare) offers a single credentialing application and an online data base that contains information necessary for insurance companies to credential a provider. This allows providers to submit and maintain their credentialing information at one location rather than filing with many organizations. There is no cost to file an application with CAQH and it can be completed online.

### Option 1 – I already have an application on file with CAQH

- **You must give CAQH authorization to release your information to DentaQuest**
- Fill out and send in the chart below with your CAQH ID
- OR -
- Send us your printed CAQH application

### Option 2 – I want to complete on online CAQH application

- Complete and send back the information in the below chart (You do not need to fill-in the CAQH ID yet).
- Once DentaQuest has this information, CAQH will send you a Welcome packet with a CAQH ID. You may then complete the online CAQH application by logging onto <https://upd.caqh.org/oas/> using your CAQH ID.

Required Fields	Provider 1	Provider 2
Full Provider Name		
Provider Type (DDS, DMD)		
License Number & Specialty		
Individual (Type I) NPI		
Date of Birth		
Mailing Address		
City, State, Zip		
Phone		
Fax		
Email		
CAQH ID (if app already on file with CAQH)		

### Send completed form to DentaQuest:

- Fax: 262.241.7401
- Email: [initialproviderenrollment@dentaquest.com](mailto:initialproviderenrollment@dentaquest.com)

