



**CAQH Sponsorship Form**

Practitioners that wish to enroll with CAQH must be “sponsored” by a participating Health Plan. If you are interested in joining the AmeriHealth District of Columbia network and wish to be sponsored with CAQH, we will be happy to sponsor you.

**STEP 1 - Request CAQH Sponsorship-**

Please complete the fields below and return this form with subject: ‘**CAQH Request**’ to the Credentialing Department via **fax**: (215) 863-6369 or **email**: [provider.credentialing@keystonefirstpa.com](mailto:provider.credentialing@keystonefirstpa.com)

PRACTITIONER INFORMATION			
<b>Full Name</b>	LAST	FIRST	MI SUFFIX
<b>Birth Date</b>		<b>Provider Type (i.e. MD, NP)</b>	
<b>Primary Office Name</b>			
<b>Primary Office Street Address</b>			
<b>Primary Office City/State/Zip</b>			
<b>Primary Phone Number</b>			

**STEP 2 - Complete CAQH’s Application-**

Once advised of your CAQH ID number, please complete the online CAQH Application. After completing the online application, upload the following support documents needed to complete your enrollment:

- State Medical License
- DEA Registration Certificate
- Controlled Drug Substance (CDS)/Controlled Drug Registration (CDR) Certificate
- Malpractice insurance policy face sheet showing expiration dates and limits.
- Board Certification (if applicable)
- Individual NPI#
- Medicaid ID & Medicare ID
- W-9 Form
- Hospital Privileges indicating the practitioners’ primary admitting hospital

**\*\* Please remember to grant us access upon completion of your CAQH Application\*\***

If you have any questions or concerns, please contact Network Management at 888-656-2383.

FOR INTERNAL USE ONLY:

Assigned CAQH ID	
Sent to Assigned Account Executive:	