

Bluegrass Family Health

651 Perimeter Drive, Suite 300
Lexington, Kentucky 40517
Phone: (859) 269-4475 or (800) 787-2680
Please complete and fax form to: Fax for KY: (859) 335-3736
Fax for TN: (615) 872-1077

Provider Data Form (For CAQH Credentialing Purposes)

Are you registered with CAQH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, CAQH Provider ID: Date:		
Last Name:		First Name:	Middle Initial:	
Date of Birth:		Primary Telephone:		
Group Name:				
Primary Office Street Address:			Suite #:	
Primary Office City:		State:	County:	Zip:
Provider Type (MD, DO, DC, DDS, DMD, DPM) etc:				
Specialty:		Applying As: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional		
Are you board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, board name:		
Primary Fax #:		E-mail Address (for credentialing questions):		
Social Security #:		DEA Certificate #:		
State License #:		Licensed State:		
UPIN:	Tax ID:	NPI #:		

******Please attach CV and W-9**

For Internal use only:	
Contract Name:	Group Name:
Contract on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	