Credentialing Services
5200 Virginia Way
Brentwood, TN 37027
Tel: 800-467-4736 | Fax: 615-341-5878
www.davita.com

Credentialing Request Form

Please select the option that best fits your request:

I. Requestor Information

Requestor Name and Title		Date Completed	
Email Address to send online application			

II. Practitioner Demographics

First Name		Middle		Last Name	
Professional Designation				***If you are currently credentialed with DaVita, you may skip to Section IV.***	
DOB*		Social Security Number*		Gender*	☐ Male ☐ Female
State License #*		License Expiration Date*		DEA #*	
UPIN*		NPI Number*			
Practitioner Email Address**					

**Required for practitioners new to DaVita.*
***If different from email address in Section I.*

Click here to visit DaVita.com and view facilities in your area!

III. Practice Information

Practice Name					
Street Address					
City		State		Zip	
Phone		Fax			

IV. Facility Requests (Add or Remove Facilities from the practitioner's profile)

Facility #	Facility Name	Covering Physician (supervising physician if AHP applicant)	Medical Director	City	State	Change Requested

Once completed, please email this form to your Credentialing Coordinator:

jeffrey.d.bailey@davita.com	AZ, ID, NJ, NV, OR, UT, WA
amy.zimbalshaw@davita.com	IL, MI, WI
ashley.neese@davita.com	AL, LA, MS, NM, TX
deborah.hood@davita.com	DC, KY, MD, SC, TN, VA, WV
jeffery.nixon@davita.com	FL, GA, NC
tracy.lingo@davita.com	AR, CO, HI, IA, KS, MN, MO, MT, ND, NE, OK, PA, SD, WY

martha.teachworth@davita.com	CA
michelle.white@davita.com	CT, DE, IN, MA, ME, NH, RI, VT
sheila.martin2@davita.com	NY, OH

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Credentialing Request Form for Multiple Credentialed Practitioners

If you are requesting a clinic addition/inactivation for multiple practitioners who are already credentialed with DaVita, please complete the sections below.

A. Requestor Information

Requestor Name and Title		Date Completed	
Email Address			

B. Facility Information

Facility #	Facility Name	City	State	Change Requested

C. Practitioner Information

First Name	Last Name	Covering Physician (supervising physician if AHP)	Will the physician be Medical Director at this facility?