Credentialing Services (OHGCS)

155 E. Broad Street, Suite 1700, Columbus, OH 43215 614.566.0010 800.635.7207 Fax: 614.566.0401

New Initial Applicant CAQH Notification Form

DATE:	SI	PECIALIST:	PCP:
New Practitioner's First Name:	M.I.:Last Na	ame:	Degree:
CAQH Practitioner's 8-Digit Identification	Number (if applicable):		
If No CAQH ID is available do you need or (The Practitioner must be credentialed by us for the) (in process w/a	nnother insurance agency)
Practitioner's Social Security #:	Practitioner's Date of Birth (mm/dd/yy):		
Contact Name:	Contact Phone Number: () ext		
Contact Name's Email Address: (Additional information related to below may need s Group Name:			
Provider Address:			
City:	State:	Zip:	
Please check what entity/entitie	es you are interested i	in having the p	ractitioner join:
* <u>Need to apply for Hospital Privileges</u> ? YI *There is an application packet required for hospita			or more of the following
Riverside Methodist Hospital:	Grant Medical Center:	Doctors	s Hospital:
Grady Memorial Hospital: Dubl	in Methodist Hospital:	Marion	General Hospital
* <u>Need to join Insurance Plans</u> ? YES *There are provider agreements required depending	NO If yes, pl	ease check one or	more of the following: ner will be joining.
Medical Group of Ohio (MGO):	OhioHealth Gr	oup / HealthReach	n PPO:
Please return this form alor Attention Bonnie Chapman I	0		0
OHGCS provides high qua	lity credentialing services	on behalf of the fo	ollowing:

Doctors Hospital • Dublin Methodist Hospital • Grady Memorial Hospital • Grant Medical Center Marion General Hospital •The Medical Group of Ohio • OhioHealth Group (HealthReach & HealthReach Preferred) OhioHealth Physician Group, Inc. (GRMCFI) • Riverside Methodist Hospital