louisiana healthcare connections

PROVIDER DATA FORM

Date:	Please indicate if you provide the below service(s): ☐ Telehealth ☐ Telemedicine ☐ Telemonitoring	Are you registered with CAQH? ☐ Yes ☐ No
If Yes, CAQH Provider ID:		Individual NPI:
Last Name:	First Name:	Middle Initial:
Date of Birth:	Social Security #:	Medicaid ID #:
Provider Type (MD, DO, PhD, LCSW, LPC, etc.):	Are you a hospital based only provider not practicing in an office setting? ☐ Yes ☐ No	
Tax ID:	Group Billing NPI:	
Practice Name:	E-Mail Address:	
Primary Office Street Address:	Suite #:	
Primary Office City:	State: County:	Zip:
Primary Telephone:	Primary Fax:	
Credentialing Contact Information (Name, Address, E-Mail):	Primary Specialty:	
Office Hours : Monday ☐ _____ to_____ Friday ☐ _____ to_____ Tuesday ☐ _____ to_____ Saturday ☐ _____ to_____ Wednesday ☐ _____ to_____ Sunday ☐ _____ to_____ Thursday ☐_____ to_____	Applying As: ☐ Specialist ☐Primary Care Provider (e.g., Primary Care Physician, Mid- level provider)	
If PCP, are you accepting new patients? ☐ Yes ☐ No ☐ Yes, existing patients only	What gender or age restrictions do you have? Gender: ☐ No Restrictions ☐ Female Only ☐ Male Only Age: ☐ No Restrictions ☐ Age Limits: Lowest Age ____ Highest Age ____	
License Number:	License State:	Exp. Date:
Are you board certified? ☐ Yes ☐ No	If Yes, board name:	Exp. Date:
Please list any medical related organizations you have ownership with, e.g., laboratory, home health agency, radiology facility, mobile testing, MRI, etc.		
If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.		
Do you have a CLIA Certificate? ☐ Yes ☐ No	Do you have a CLIA waiver? ☐ Yes ☐ No	Type of Service Provided:
Certificate Number:	Certificate Expiration Date:	
Secondary Office Street Address: (include any additional locations on a separate page)	Suite #:	
Secondary Office City:	State: County:	Zip:
Secondary Telephone:	Secondary Fax:	

Note: If you have already completed your application with CAQH, please ensure that you have authorized Louisiana Healthcare Connections to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Louisiana Healthcare Connections to your list of authorized plans. Using the CAQH Universal Credentialing Data Source does not grant participation or constitute applying for participation with Louisiana Health Care Connections.