

# Caqh Fax Cover Sheet

Thank you for competing the CAQH Provider Application

You will use these forms to submit supporting documentation data to participating healthcare organizations. This page will serve as your fax cover sheet. Please assemble all pages as instructed, complete this form, and fax to:

## Fax Number

### Instructions:

The supplemental documentation requested in your application is listed below. For each of the documents that apply to you, please indicate the ID of the attachment, also indicate with an "X" if you are adding the document to the system (first time) submitting that particular document) or replacing that previously submitted document.

Documents requested in your application. [ R ]= Required, [ CR ]= Required only if you hold the listed certificate.

### ID Attachment

- 000 Credentialing Application (Required for paper application only)
- 012 Board Certification Certificate
- 014 CME/CEU Session Certificate
- 003 Current Professional Liability Insurance Policy Face Sheet [R]
- 025 Curriculum Vitae/Resume
- 001 DEA Registration [CR]
- 011 ECFMG Certificate
- 014 Formal Post-Graduate Training Certificates
- 007 Other State License(s)
- 030 Permanent Resident Card or Visa Status [CR]
- 046 Professional Liability Verification
- 002 State Controlled Dangerous Substance (CDS Certificate [Cr]
- 007 State License Certificate [R]
- 004 W9-Please submit especially for any newly reported tax ID numbers

Mark only one box for each document

Attachment ID (see above)	Number of Pages	Issuing State (if application)	Add	Changer/Replace
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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