DENVER HEALTH MEDICAL PLAN INC.™

FACILITY CREDENTIALING REQUEST FORM

Submit this request via email to:
DHMPFacilityCredentialing@dhha.org

If you have a completed contract, please fill out the form below. All locations you intend to credential must be included in the contract. To add locations to the contract, please contact Provider Relations via email at: Managedcare.ProviderRelations@dhha.org

Credentialing Information for Facility/Facilities

Organization NPI # Tax #

Organization Name

DBA(s)

Billing Address

City State Zip

Phone # Fax #

Medicare # Medicaid #

State License #

Contact First Name Contact Last Name

Contact Phone # Contact Email

Specialty Code(s)

Taxonomy Code(s)

Credentialing will need to be completed for all locations.
Do you have more than one location?
Please attach a roster or fill out the form below (each must already be contracted).

Additional Location:

Organization NPI # Tax #

Organization Name

Address

City State Zip

Additional Location:

Organization NPI # Tax #

Organization Name

Address

City State Zip

Additional Location:

Organization NPI # Tax #

Organization Name

Address

City State Zip

Additional Location:

Organization NPI # Tax #

Organization Name

Address

City State Zip