



PROVIDERS: STARTING CREDENTIALING

If you have a completed contract, please fill out the form below.
Submit the request via email to: DHMPCredentialing@dhha.org

Credentialing Information for Practitioner(s)

Organization NPI #	Individual NPI #
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Practitioner First Name	Practitioner Last Name
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Practitioner Email	Practice Name
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Practice Address		
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City	State	Zip
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Phone #	Fax #
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Medicare #	Medicaid #
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CAQH #	Colorado License #
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Contact First Name	Contact Last Name
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Contact Phone #	Contact Email
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Specialty Code(s)

Taxonomy Code(s)
