CAQH

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CAQH SOLUTIONS LOGIN

CAQH ProView®

LEARN MORE ABOUT CAQH SOLUTIONS

Request a Product Demo

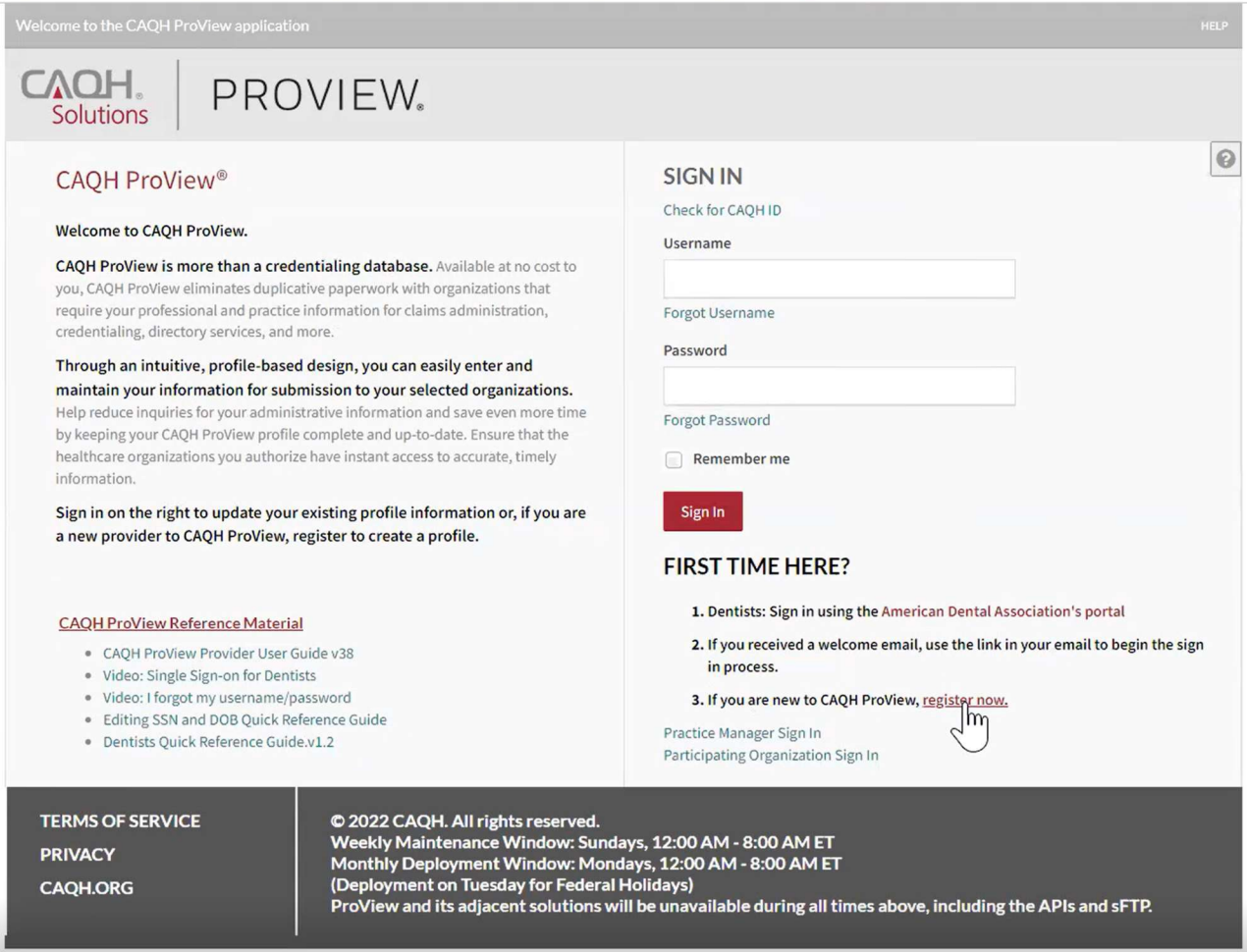
CAREERS

For more than 20 years, CAQH has delivered technology-enabled solutions, operating rules and research to help health plans, providers, government entities and vendors connect, exchange information and operate more efficiently. Consider how joining CAQH may be the right career choice for you.

View open positions.

IMPROVING HEALTH PLAN PROVIDER DIRECTORIES

Download the new white paper from CAQH and the American Medical Association.


Welcome to the CAQH ProView application
HELP
CAQH Solutions
PROVIEW.
CAQH ProView®
Welcome to CAQH ProView.
CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.
Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. Help reduce inquiries for your administrative information and save even more time by keeping your CAQH ProView profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.
Sign in on the right to update your existing profile information or, if you are a new provider to CAQH ProView, register to create a profile.
CAQH ProView Reference Material
CAQH ProView Provider User Guide v38
Video: Single Sign-on for Dentists
Video: I forgot my username/password
Editing SSN and DOB Quick Reference Guide
Dentists Quick Reference Guide.v1.2
SIGN IN
Check for CAQH ID
Username
Forgot Username
Password
Forgot Password
Remember me
Sign In
FIRST TIME HERE?
1. Dentists: Sign in using the American Dental Association's portal
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you are new to CAQH ProView, register now.
Practice Manager Sign In
Participating Organization Sign In
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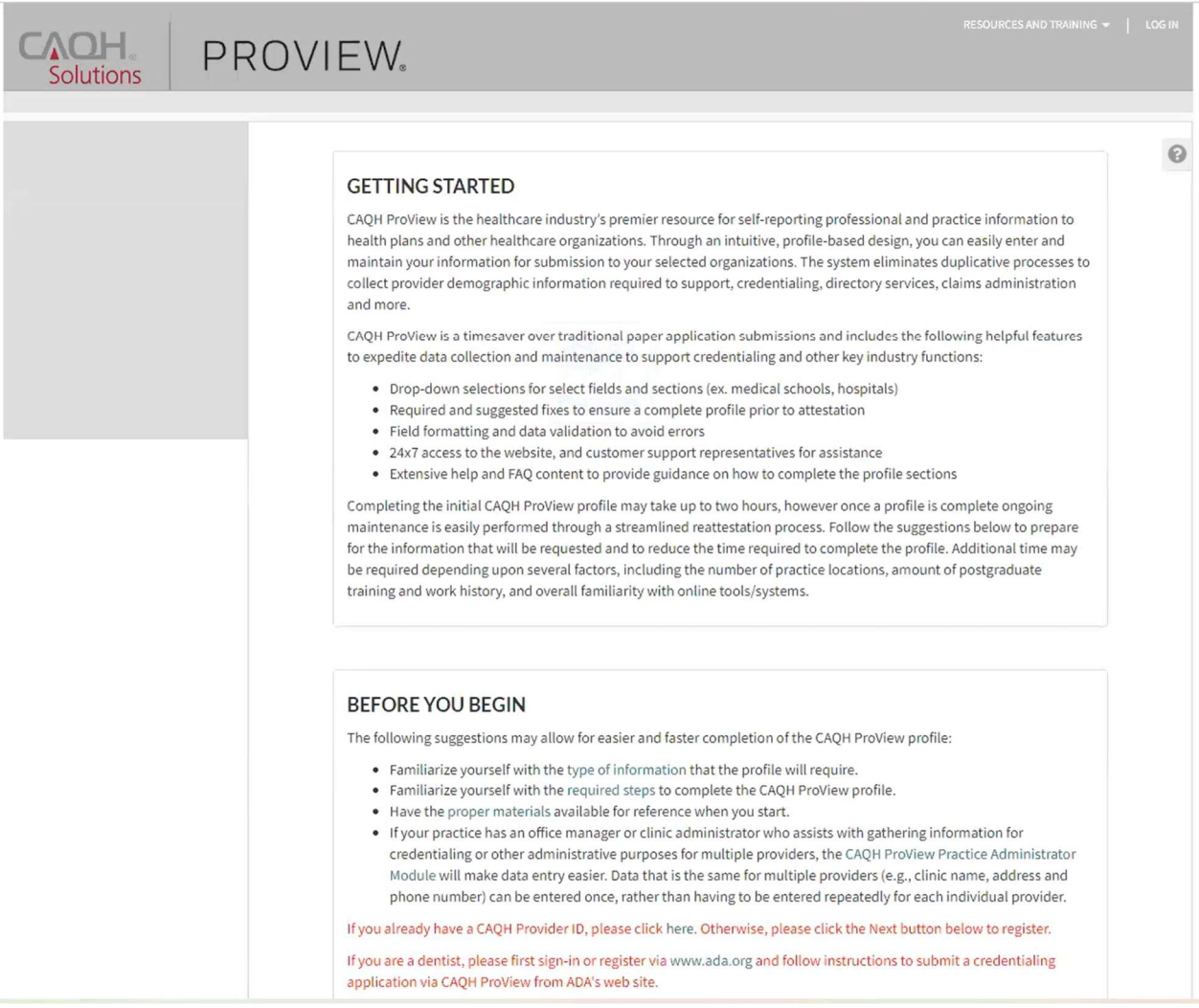
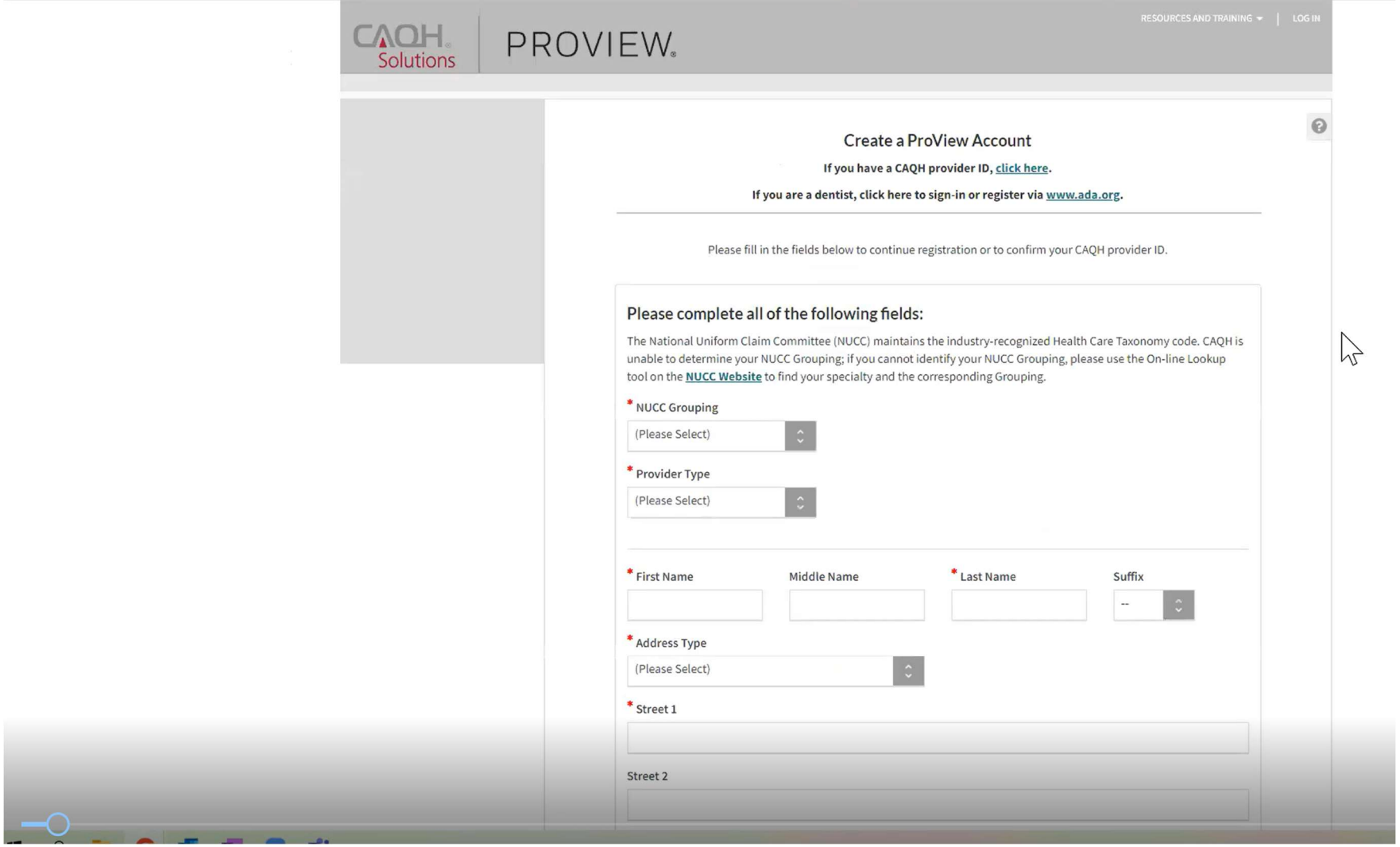
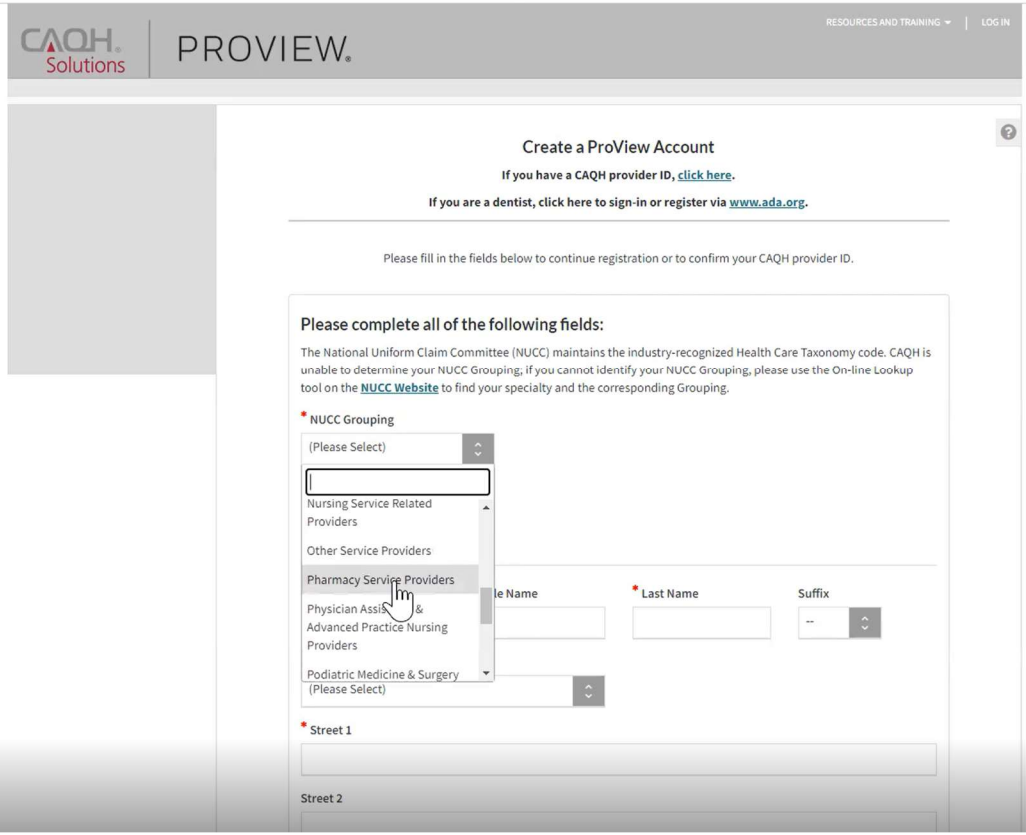
Weekly Maintenance Window: Sundays, 12:00 AM - 8:00 AM ET
Monthly Deployment Window: Mondays, 12:00 AM - 8:00 AM ET
(Deployment on Tuesday for Federal Holidays)
ProView and its adjacent solutions will be unavailable during all times above, including the APIs and sFTP.



Select 'Go to next section'


CAQH Solutions
PROVIEW
RESOURCES AND TRAINING
LOG IN
Create a ProView Account
If you have a CAQH provider ID, click here.
If you are a dentist, click here to sign-in or register via www.ada.org.
Please fill in the fields below to continue registration or to confirm your CAQH provider ID.
Please complete all of the following fields:
The National Uniform Claim Committee (NUCC) maintains the industry-recognized Health Care Taxonomy code. CAQH is unable to determine your NUCC Grouping; if you cannot identify your NUCC Grouping, please use the On-line Lookup tool on the NUCC Website to find your specialty and the corresponding Grouping.
* NUCC Grouping
(Please Select)
* Provider Type
(Please Select)
* First Name
Middle Name
* Last Name
Suffix
--
* Address Type
(Please Select)
* Street 1
Street 2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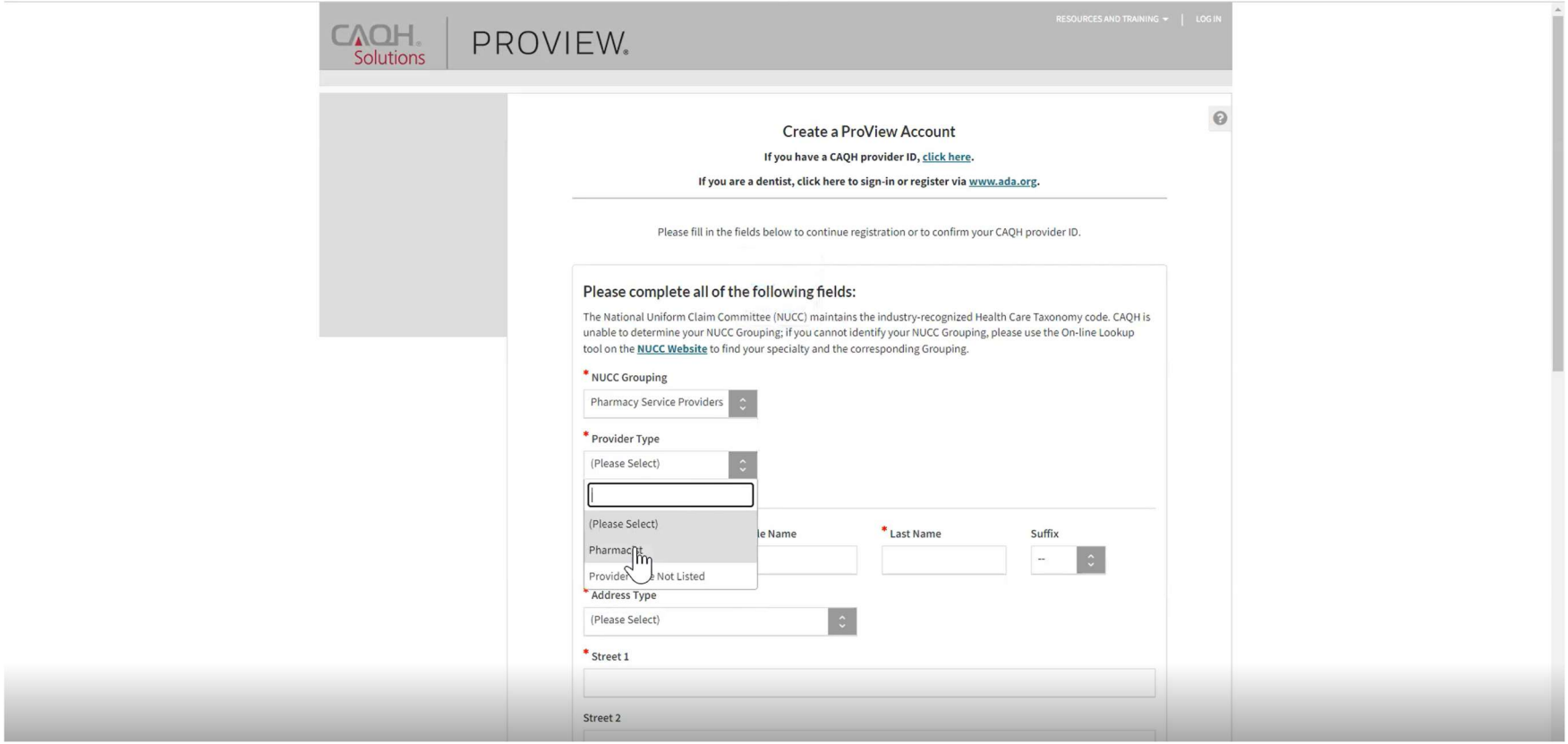
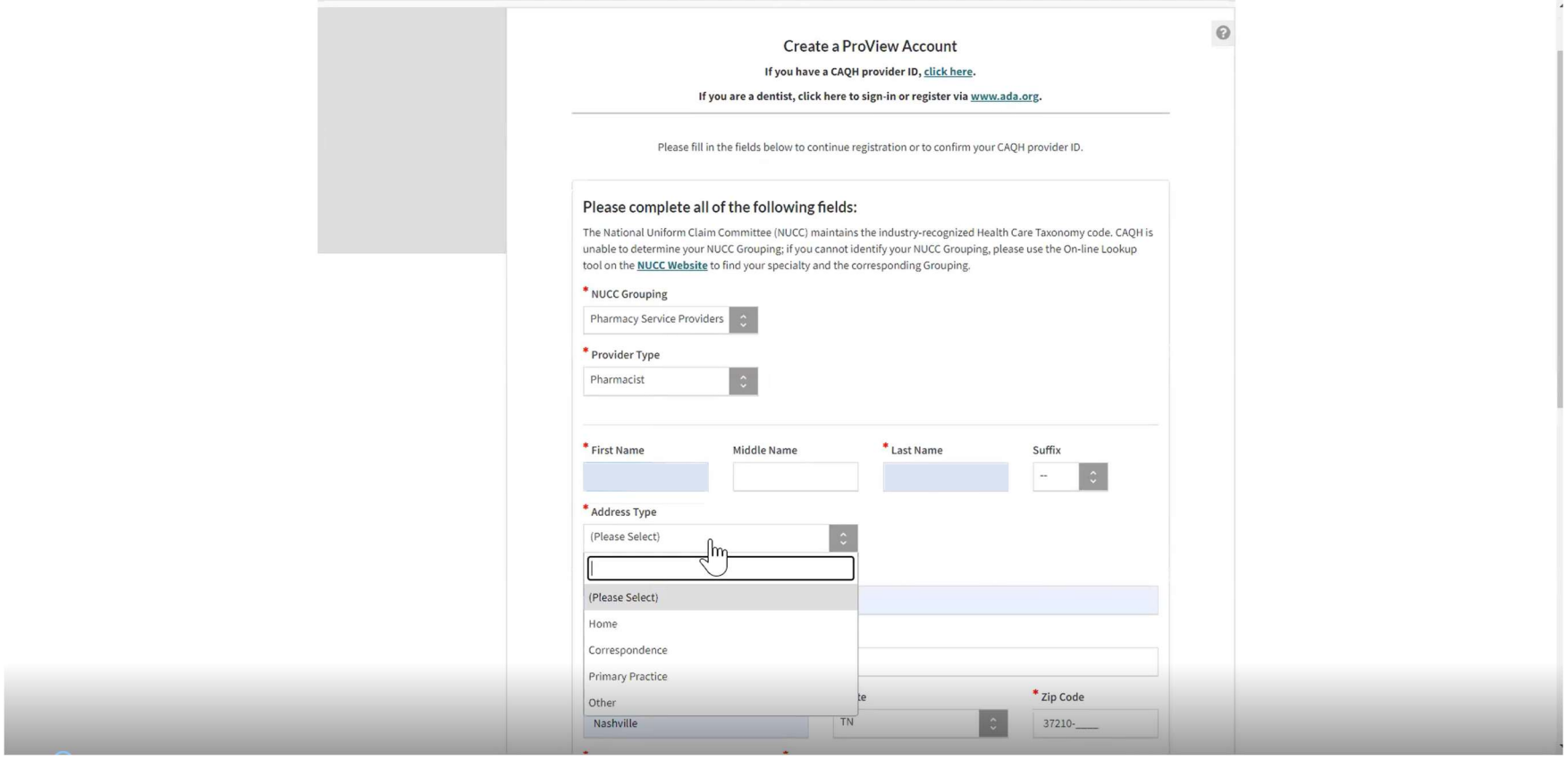
* NUCC Grouping
(Please Select)
Nursing Service Related Providers
Other Service Providers
Pharmacy Service Providers
Physician Assi & Advanced Practice Nursing Providers
Podiatric Medicine & Surgery
le Name
* Last Name
Suffix
--
(Please Select)
* Street 1
Street 2



PROVIDER TYPE – Pharmacist

Fill out name first and last

Address type – see screenshot below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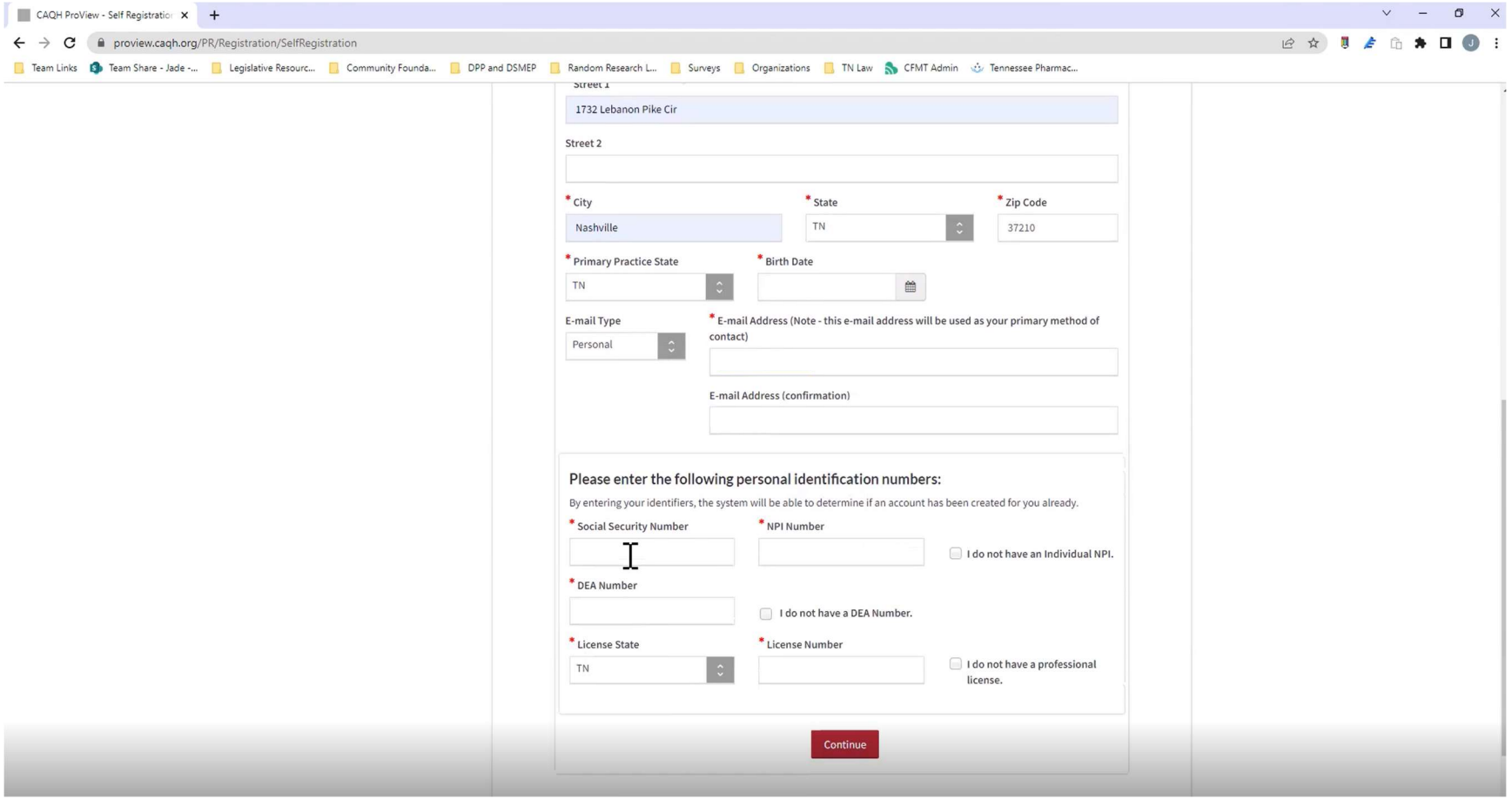
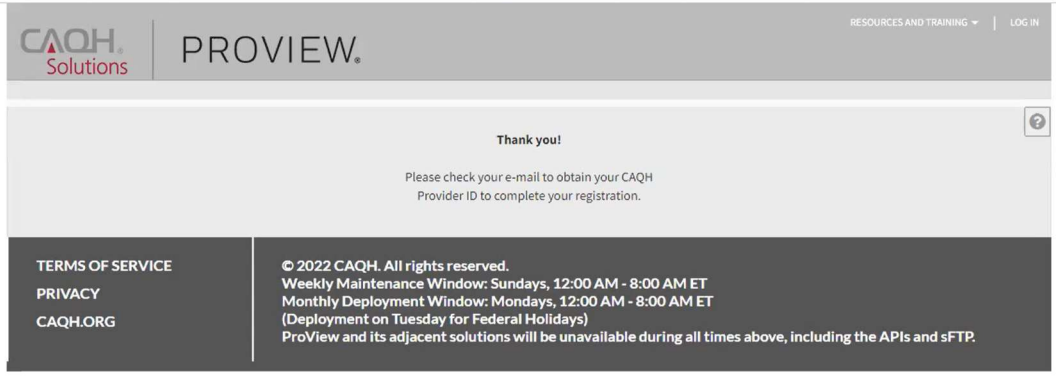
* NUCC Grouping
Pharmacy Service Providers
* Provider Type
Pharmacist
* First Name
Middle Name
* Last Name
Suffix
--
* Address Type
(Please Select)
(Please Select)
Home
Correspondence
Primary Practice
Other
Nashville
TN
* Zip Code
37210-____



Input SSN, NPI number, DEA number if applicable, State you are licensed in and your professional license number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LOG IN
Thank you!
Please check your e-mail to obtain your CAQH Provider ID to complete your registration.
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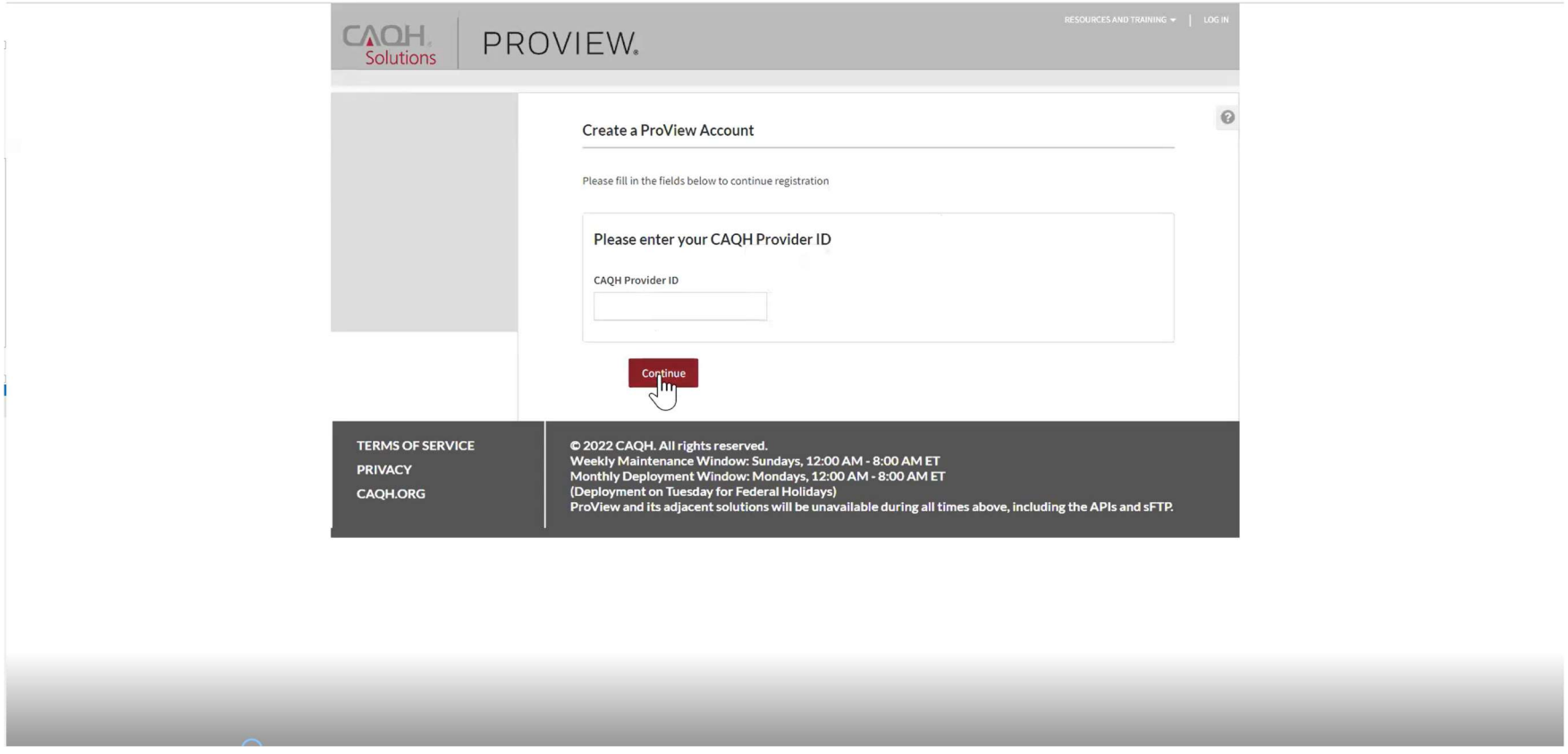
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Please enter your CAQH Provider ID
CAQH Provider ID
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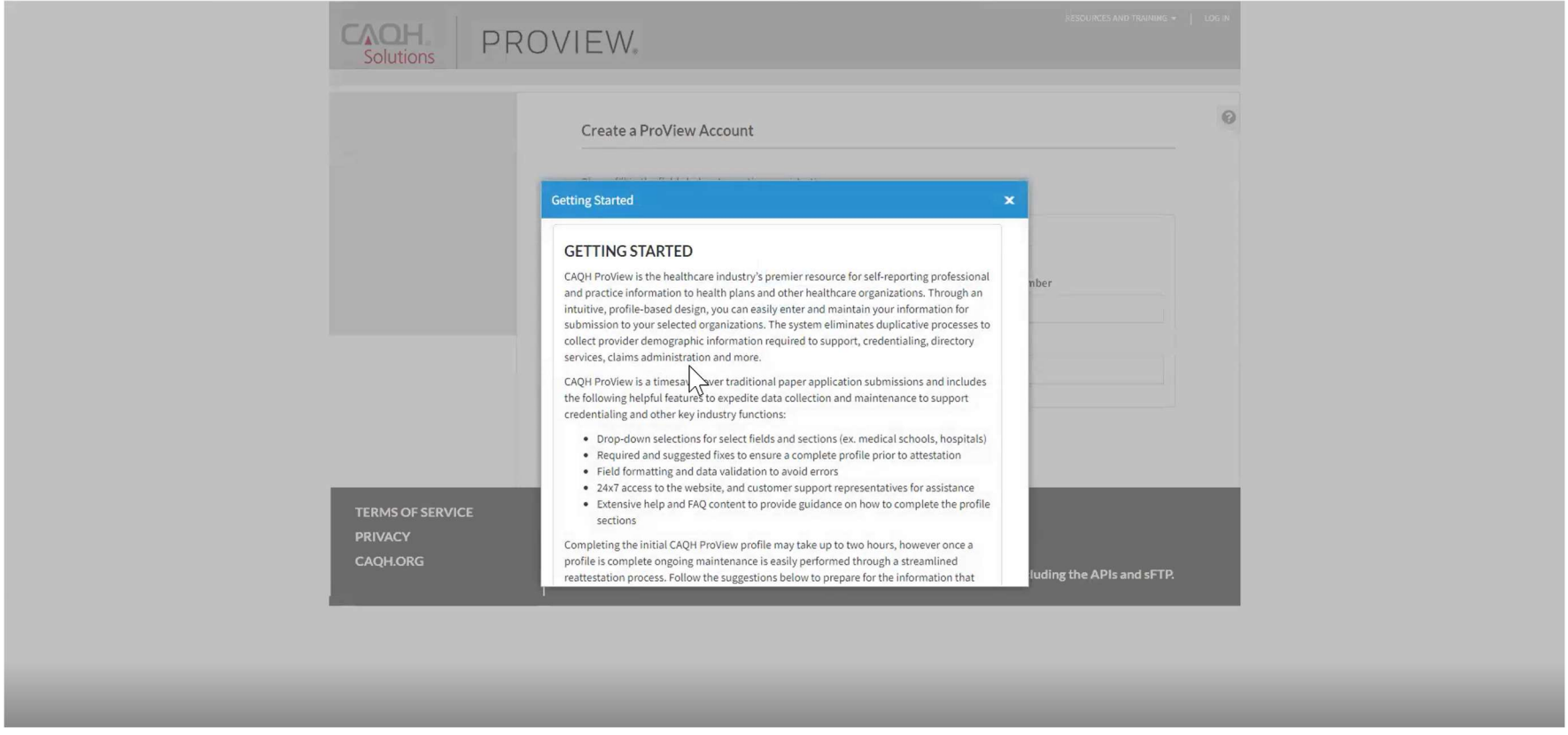
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Getting Started
GETTING STARTED
CAQH ProView is the healthcare industry's premier resource for self-reporting professional and practice information to health plans and other healthcare organizations. Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. The system eliminates duplicative processes to collect provider demographic information required to support, credentialing, directory services, claims administration and more.
CAQH ProView is a timesaver over traditional paper application submissions and includes the following helpful features to expedite data collection and maintenance to support credentialing and other key industry functions:
Drop-down selections for select fields and sections (ex. medical schools, hospitals)
Required and suggested fixes to ensure a complete profile prior to attestation
Field formatting and data validation to avoid errors
24x7 access to the website, and customer support representatives for assistance
Extensive help and FAQ content to provide guidance on how to complete the profile sections
Completing the initial CAQH ProView profile may take up to two hours, however once a profile is complete ongoing maintenance is easily performed through a streamlined reattestation process. Follow the suggestions below to prepare for the information that
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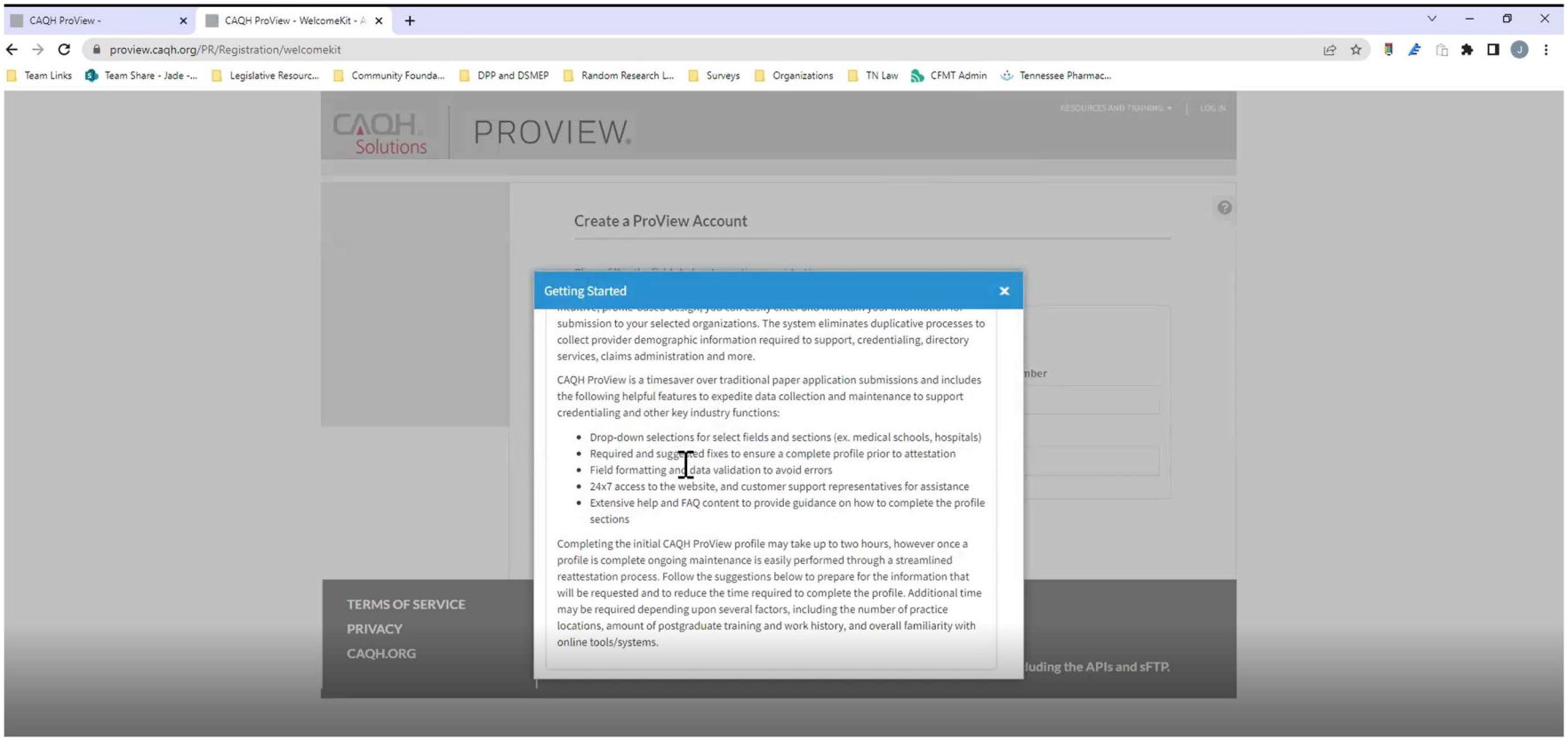
luding the APIs and sFTP.


CAQH ProView -
CAQH ProView - WelcomeKit -
proview.caqh.org/PR/Registration/welcomekit
Team Links
Team Share - Jade -...
Legislative Resourc...
Community Founda...
DPP and DSMEP
Random Research L...
Surveys
Organizations
TN Law
CFMT Admin
Tennessee Pharmac...
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Completing the initial CAQH ProView profile may take up to two hours, however once a profile is complete ongoing maintenance is easily performed through a streamlined reattestation process. Follow the suggestions below to prepare for the information that will be requested and to reduce the time required to complete the profile. Additional time may be required depending upon several factors, including the number of practice locations, amount of postgraduate training and work history, and overall familiarity with online tools/systems.
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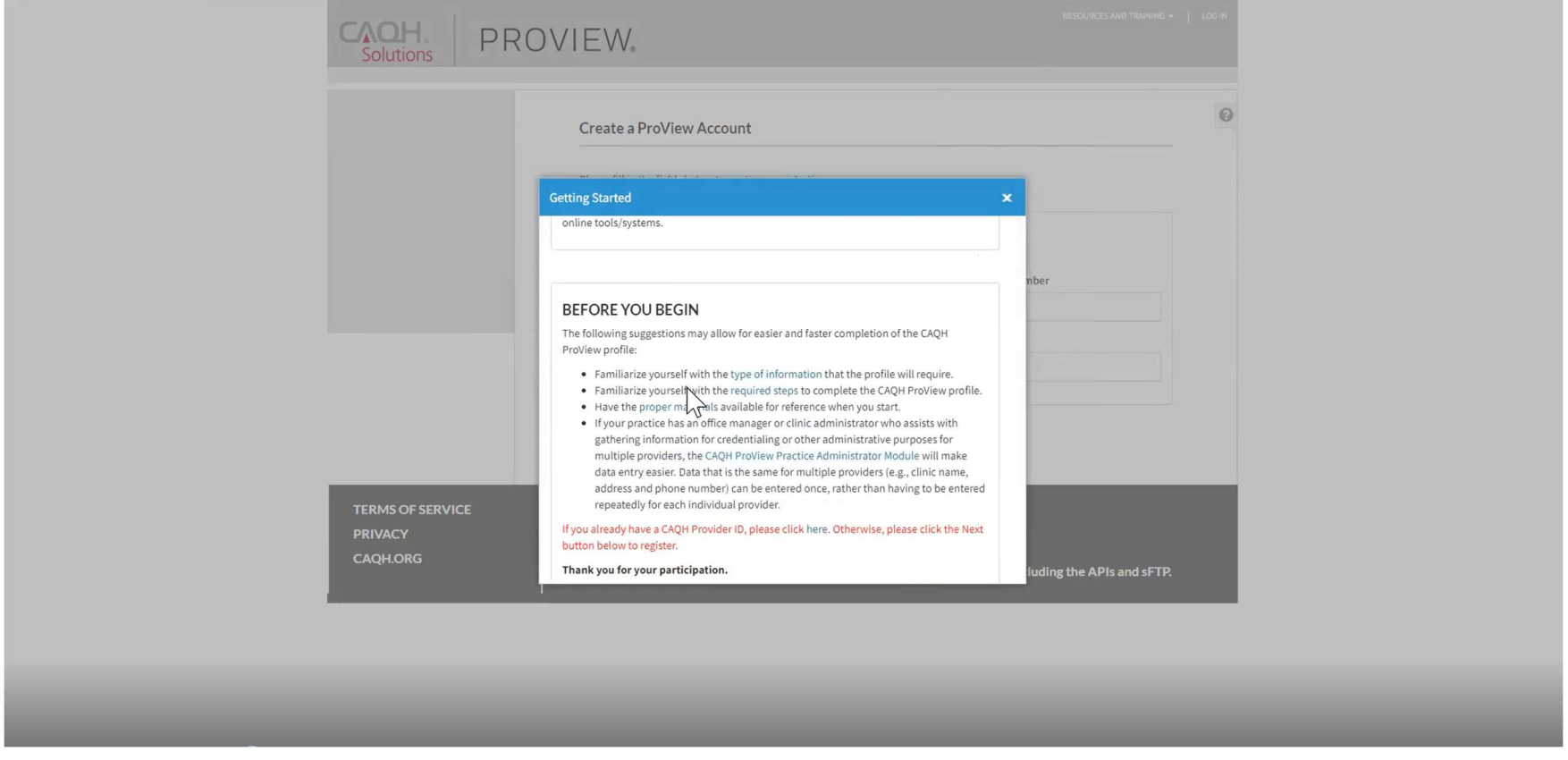
luding the APIs and sFTP.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online tools/systems.
BEFORE YOU BEGIN
The following suggestions may allow for easier and faster completion of the CAQH ProView profile:
Familiarize yourself with the type of information that the profile will require.
Familiarize yourself with the required steps to complete the CAQH ProView profile.
Have the proper materials available for reference when you start.
If your practice has an office manager or clinic administrator who assists with gathering information for credentialing or other administrative purposes for multiple providers, the CAQH ProView Practice Administrator Module will make data entry easier. Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once, rather than having to be entered repeatedly for each individual provider.
If you already have a CAQH Provider ID, please click here. Otherwise, please click the Next button below to register.
Thank you for your participation.
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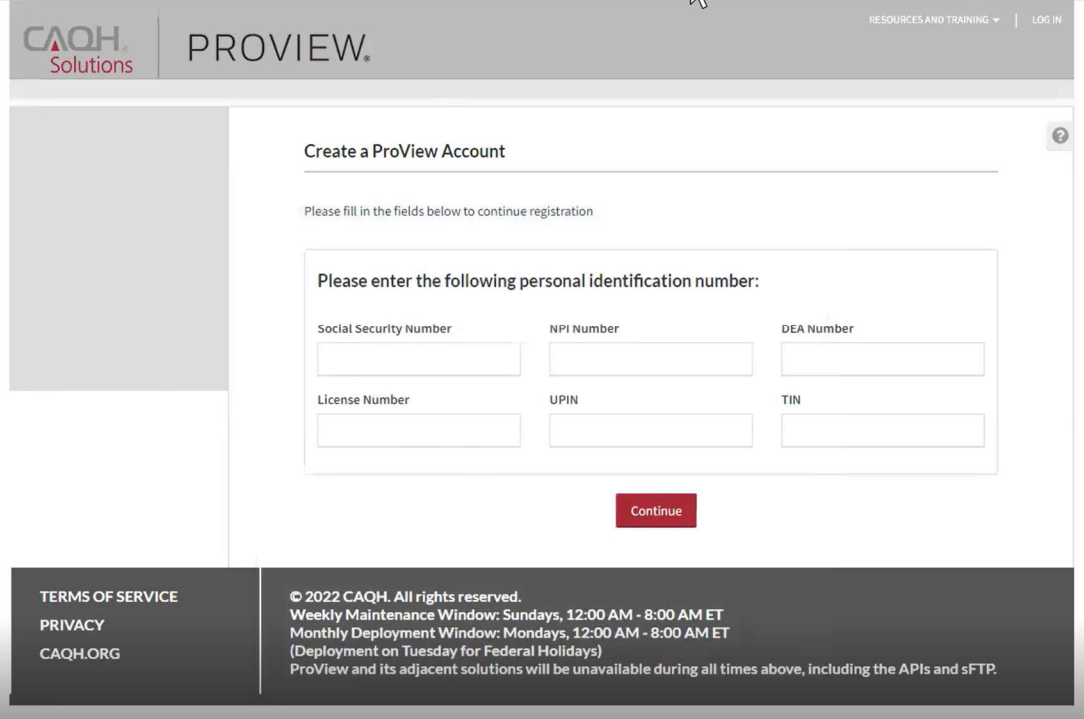
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LOG IN
Create a ProView Account
Please fill in the fields below to continue registration
Please enter the following personal identification number:
Social Security Number
NPI Number
DEA Number
License Number
UPIN
TIN
Continue
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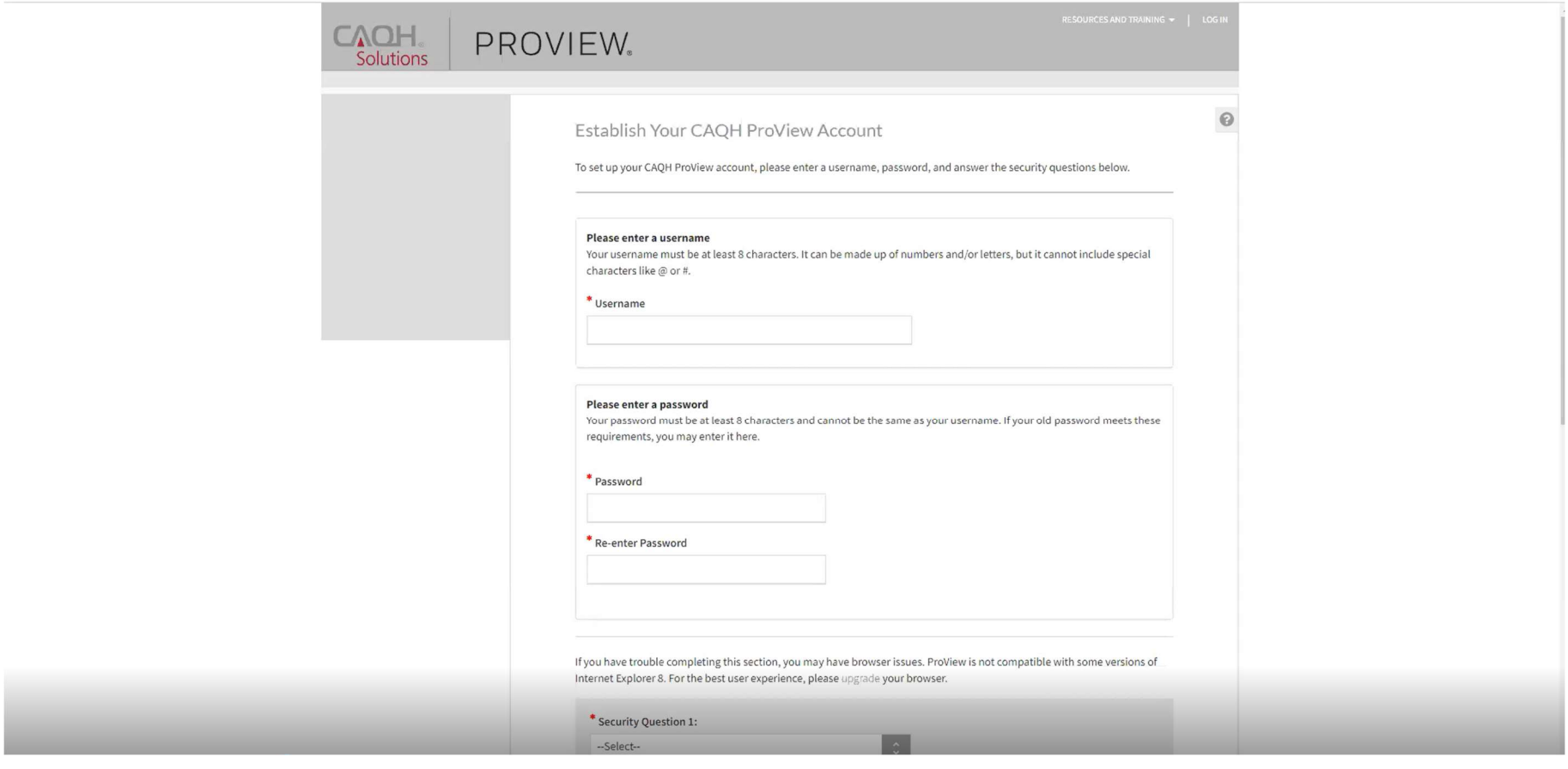
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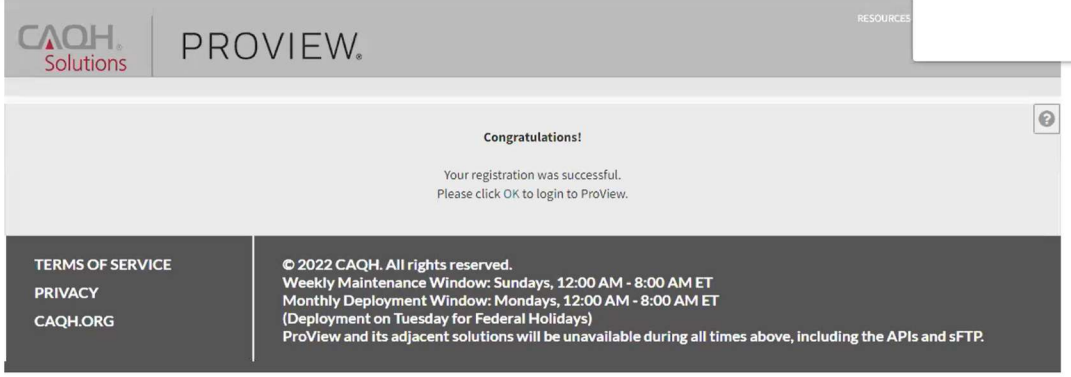
LOG IN
Establish Your CAQH ProView Account
To set up your CAQH ProView account, please enter a username, password, and answer the security questions below.
Please enter a username
Your username must be at least 8 characters. It can be made up of numbers and/or letters, but it cannot include special characters like @ or #.
* Username
Please enter a password
Your password must be at least 8 characters and cannot be the same as your username. If your old password meets these requirements, you may enter it here.
* Password
* Re-enter Password
If you have trouble completing this section, you may have browser issues. ProView is not compatible with some versions of Internet Explorer 8. For the best user experience, please upgrade your browser.
* Security Question 1:
--Select--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RESOURCES
Congratulations!
Your registration was successful.
Please click OK to login to ProView.
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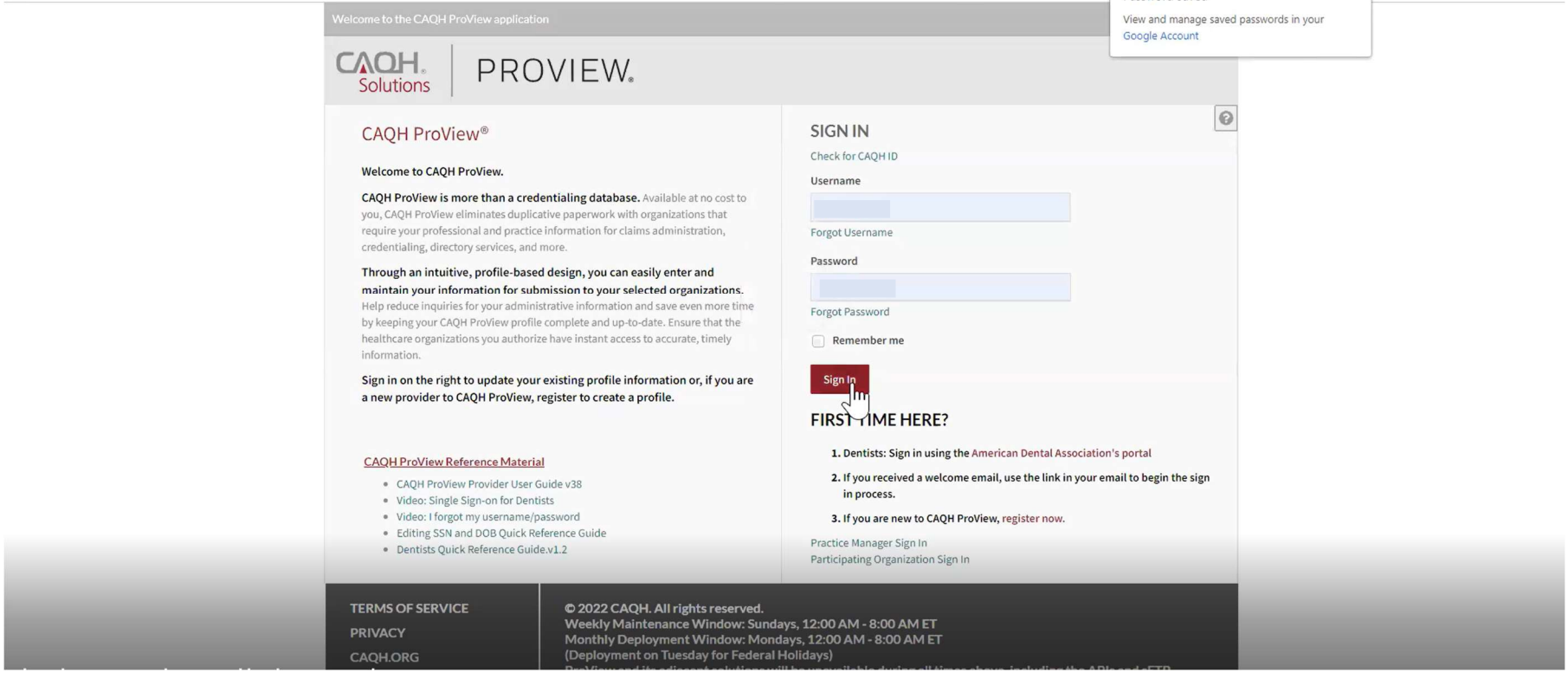
View and manage saved passwords in your Google Account
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Video: Single Sign-on for Dentists
Video: I forgot my username/password
Editing SSN and DOB Quick Reference Guide
Dentists Quick Reference Guide.v1.2
SIGN IN
Check for CAQH ID
Username
Forgot Username
Password
Forgot Password
Remember me
Sign In
FIRST TIME HERE?
1. Dentists: Sign in using the American Dental Association's portal
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you are new to CAQH ProView, register now.
Practice Manager Sign In
Participating Organization Sign In
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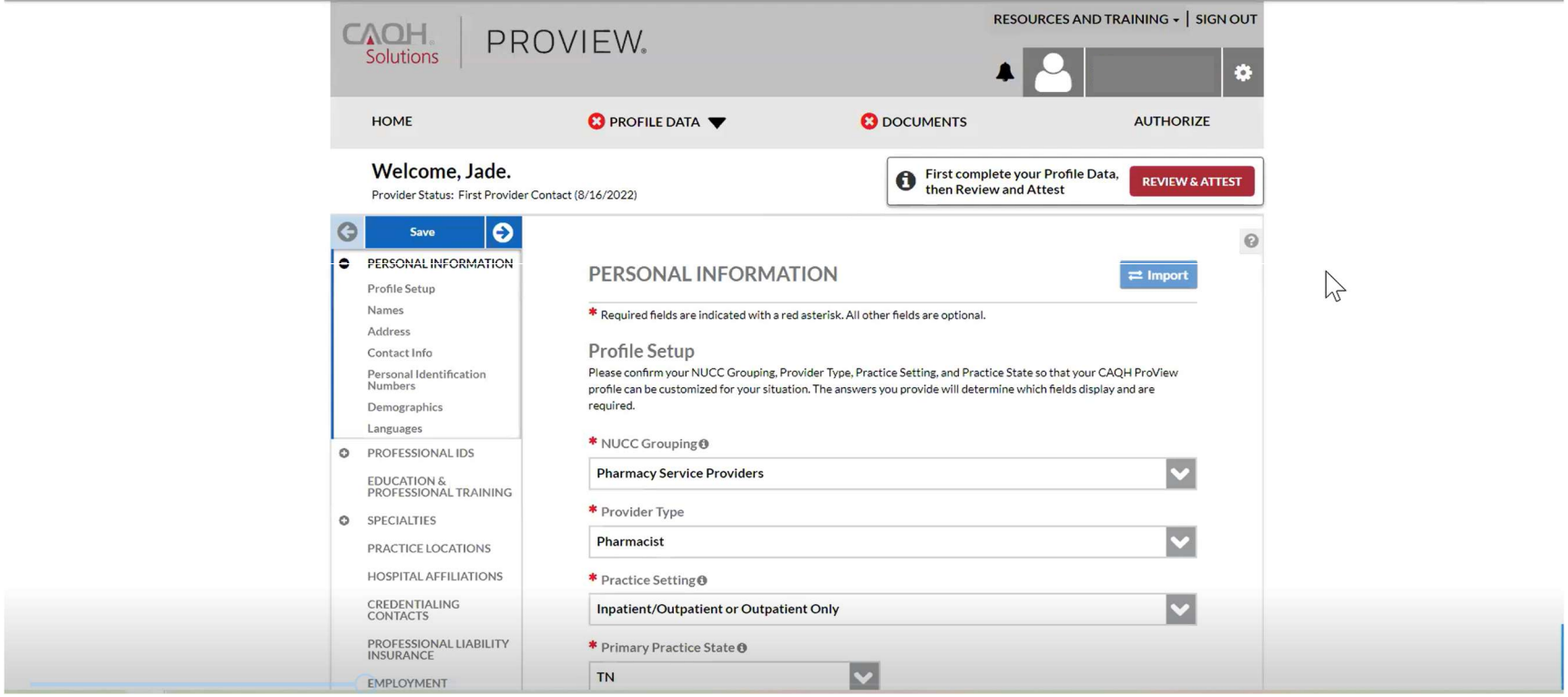
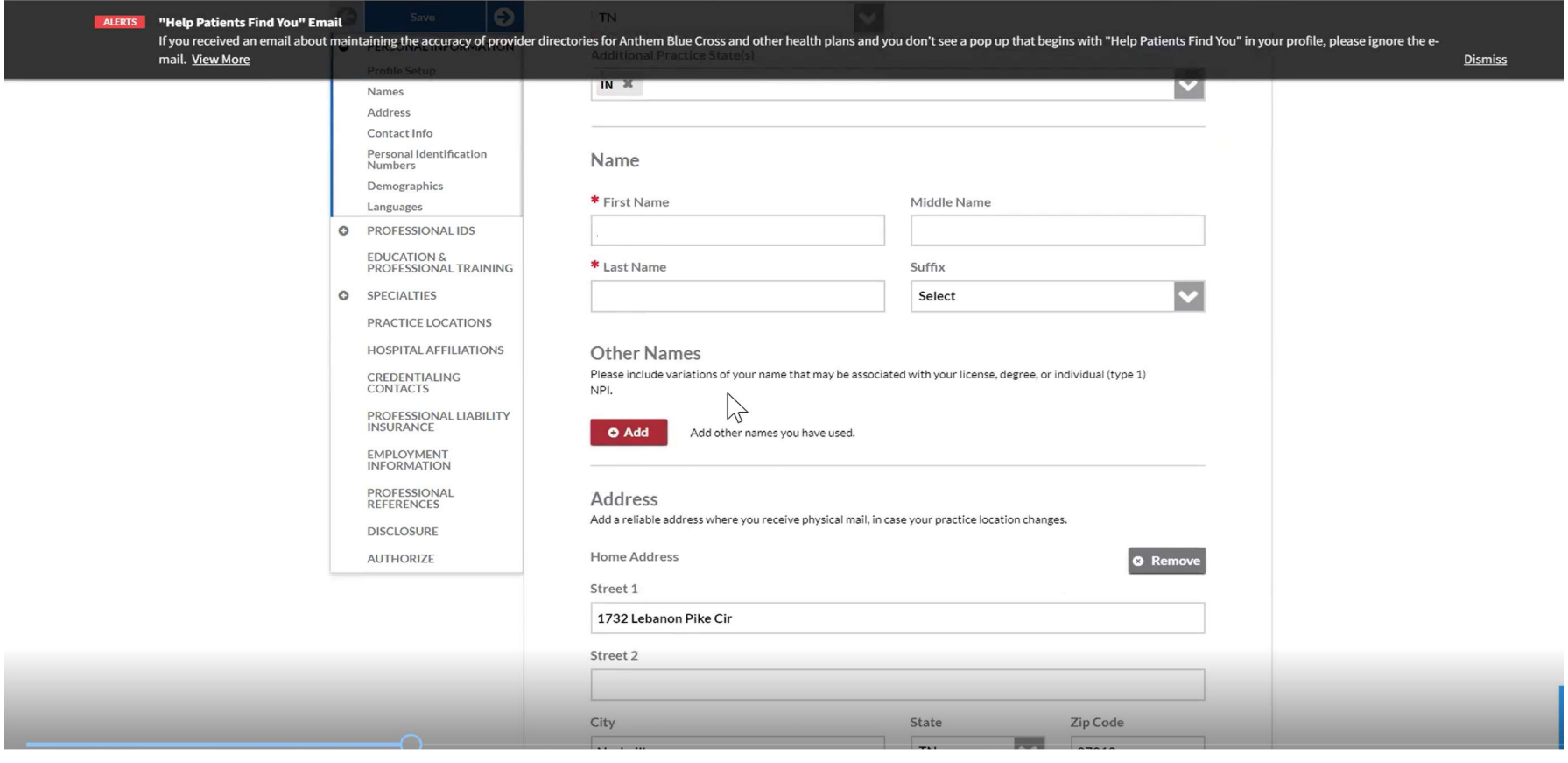
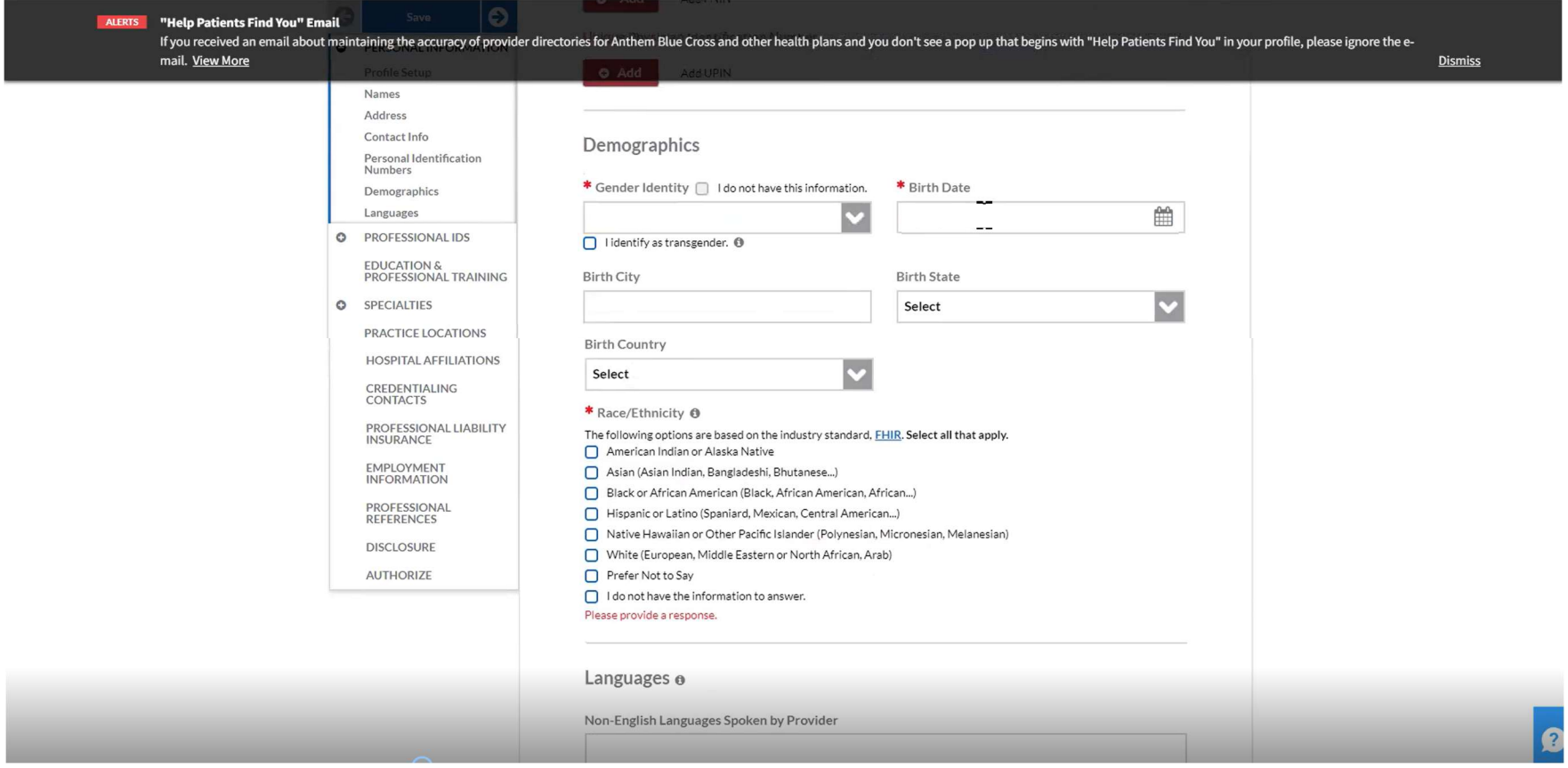


Practice setting:

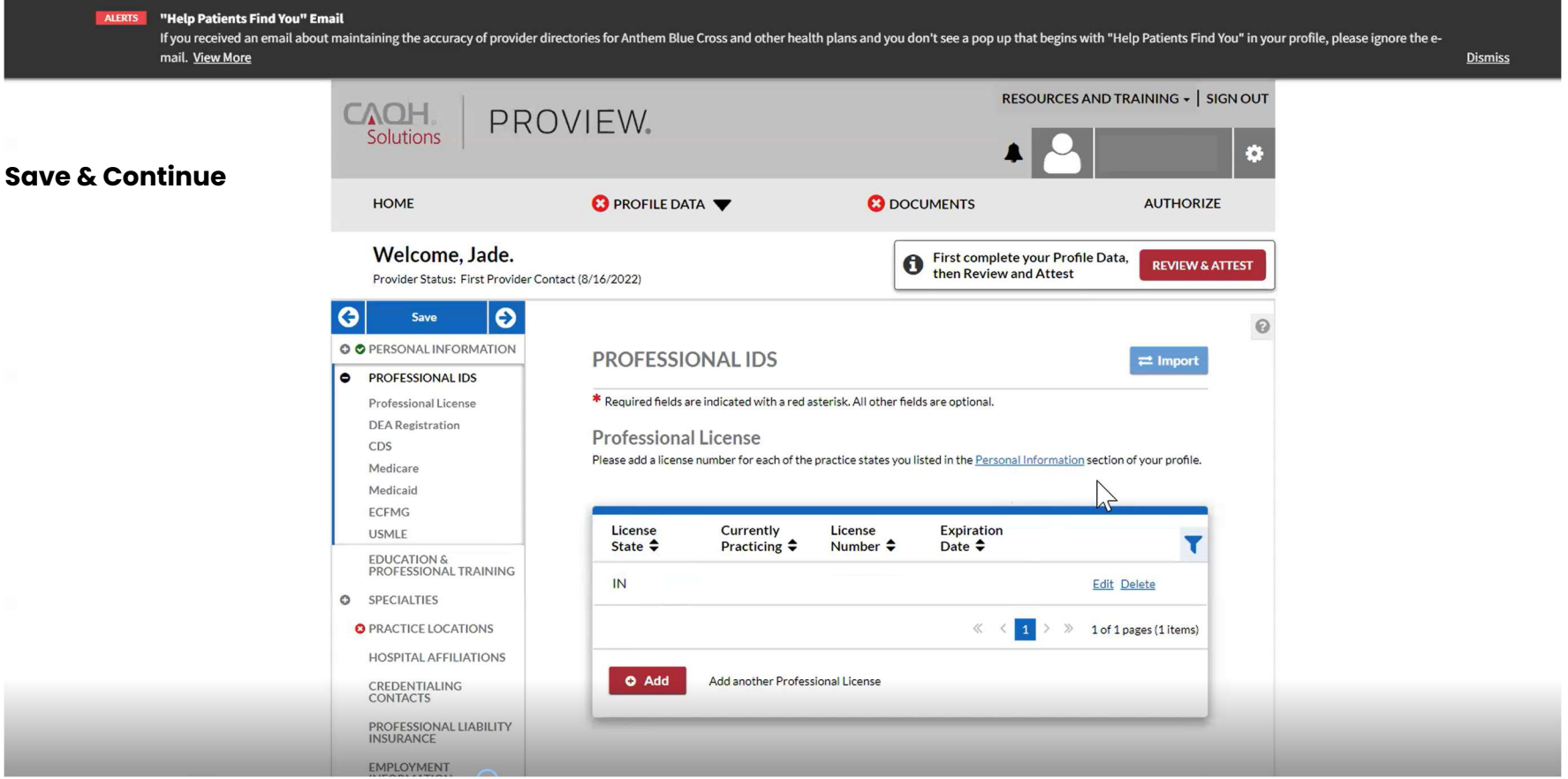
- **Inpatient/outpatient or outpatient only**
- **Inpatient only**
- **Military/federal or emergency responder**
- **Administrative**

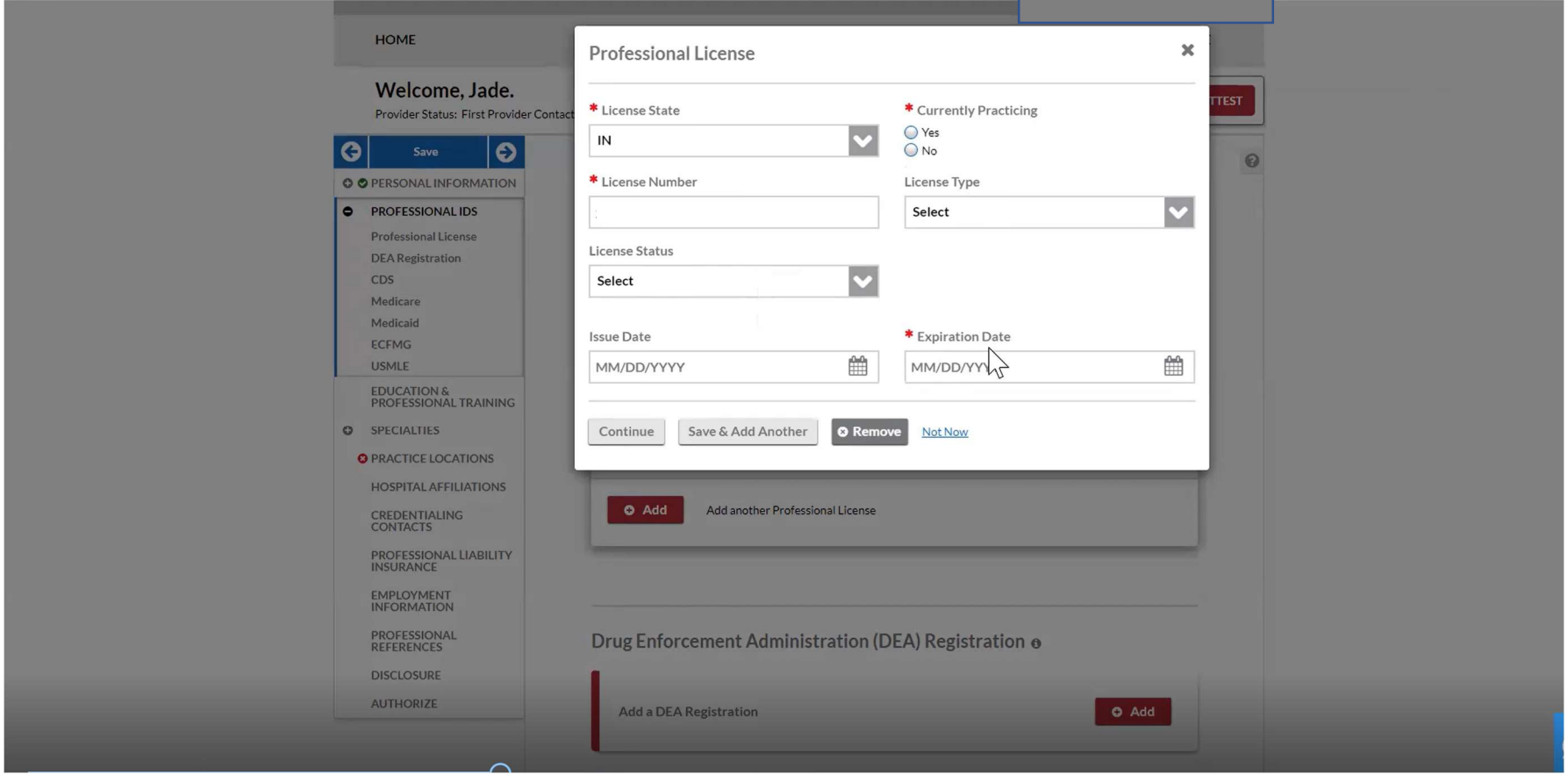


Name
Address
Contact information – email
Personal Identification Numbers
Demographics


ALERTS
"Help Patients Find You" Email
If you received an email about maintaining the accuracy of provider directories for Anthem Blue Cross and other health plans and you don't see a pop up that begins with "Help Patients Find You" in your profile, please ignore the e-mail. View More
Dismiss
Save
Add
Add UPIN
Profile Setup
Names
Address
Contact Info
Personal Identification Numbers
Demographics
Languages
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Demographics
* Gender Identity
I do not have this information.
* Birth Date
I identify as transgender.
Birth City
Birth State
Select
Birth Country
Select
* Race/Ethnicity
The following options are based on the industry standard, FHIR. Select all that apply.
American Indian or Alaska Native
Asian (Asian Indian, Bangladeshi, Bhutanese...)
Black or African American (Black, African American, African...)
Hispanic or Latino (Spaniard, Mexican, Central American...)
Native Hawaiian or Other Pacific Islander (Polynesian, Micronesian, Melanesian)
White (European, Middle Eastern or North African, Arab)
Prefer Not to Say
I do not have the information to answer.
Please provide a response.
Languages
Non-English Languages Spoken by Provider

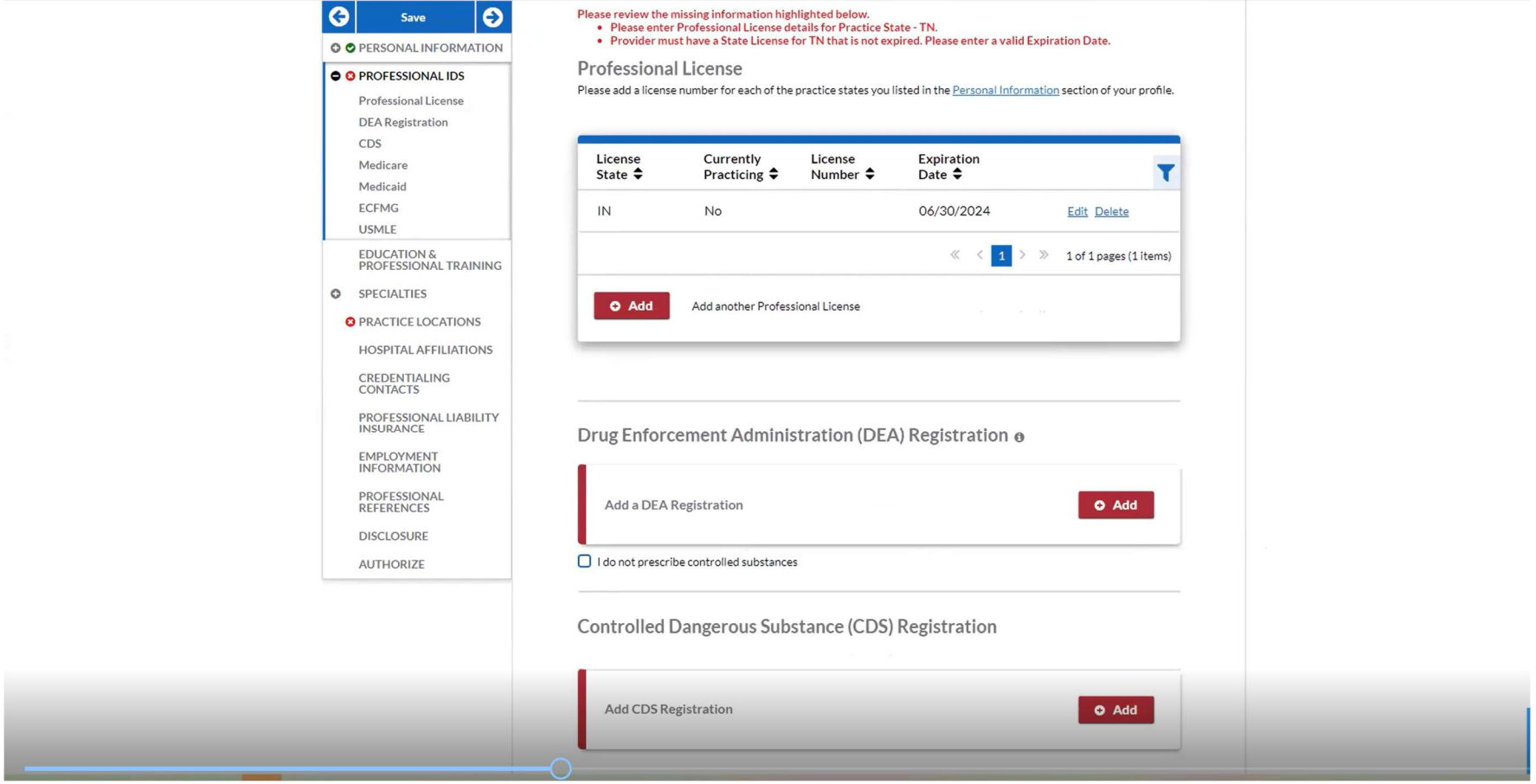
Select Save & Continue



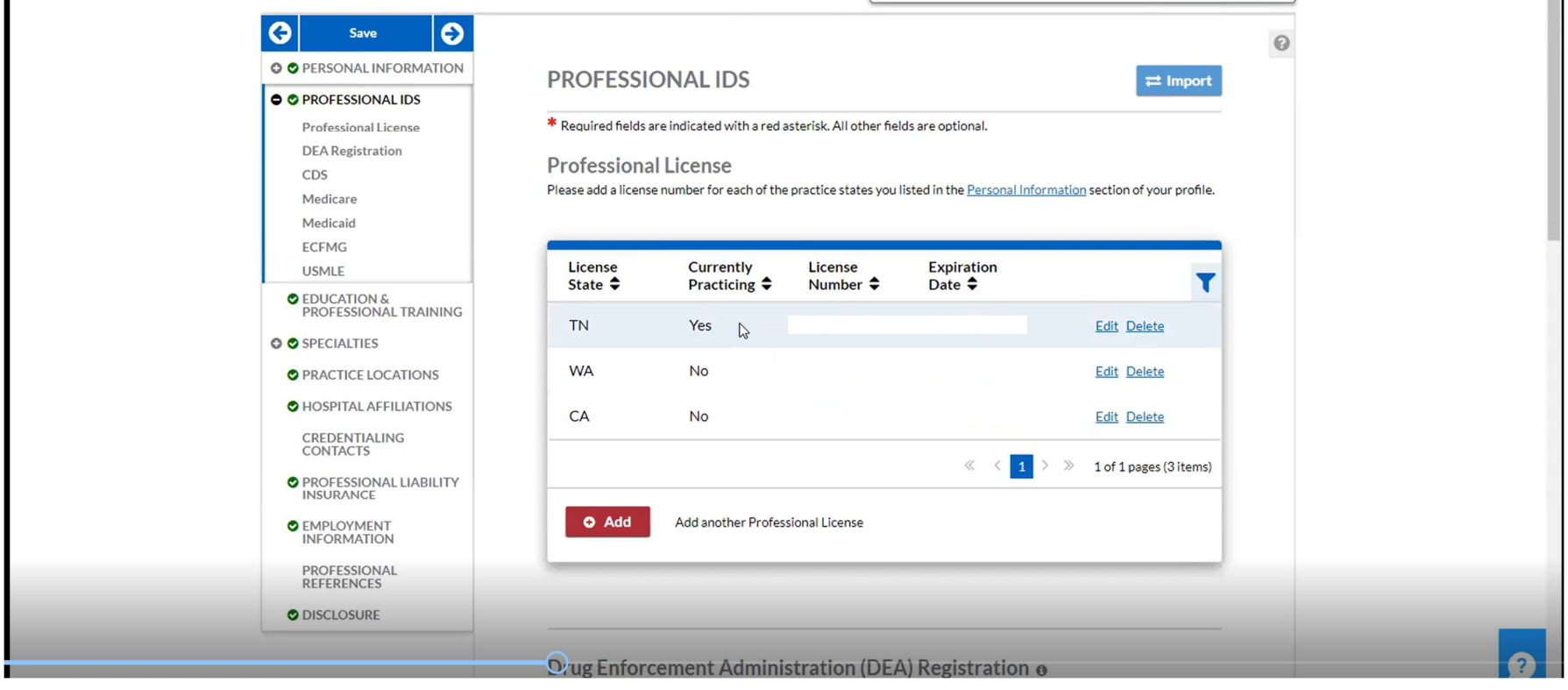


License type – PHA?? Deselected – not necessarily/required

DEA Registration

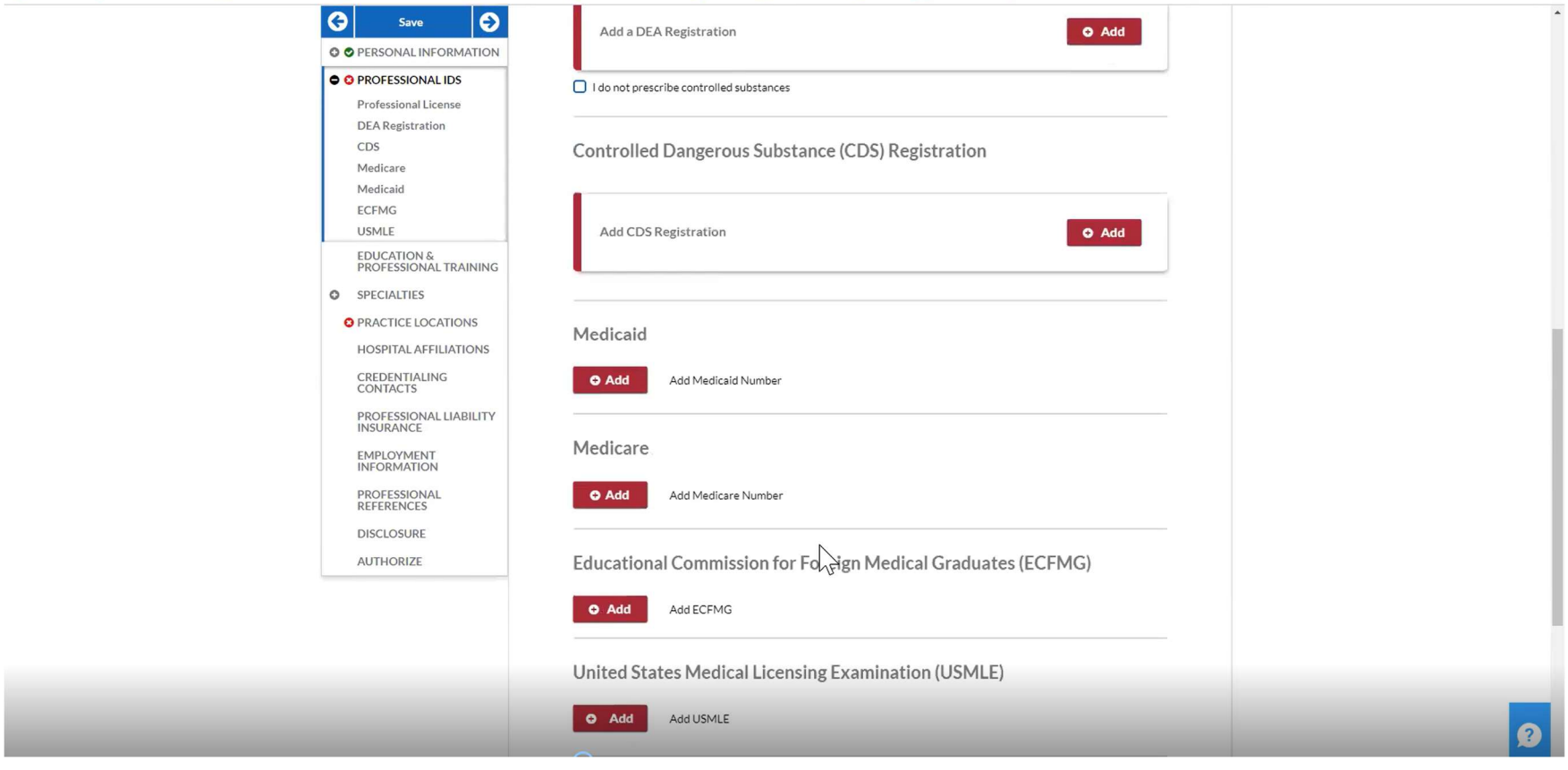


Controlled Dangerous substance (CDS) Registration

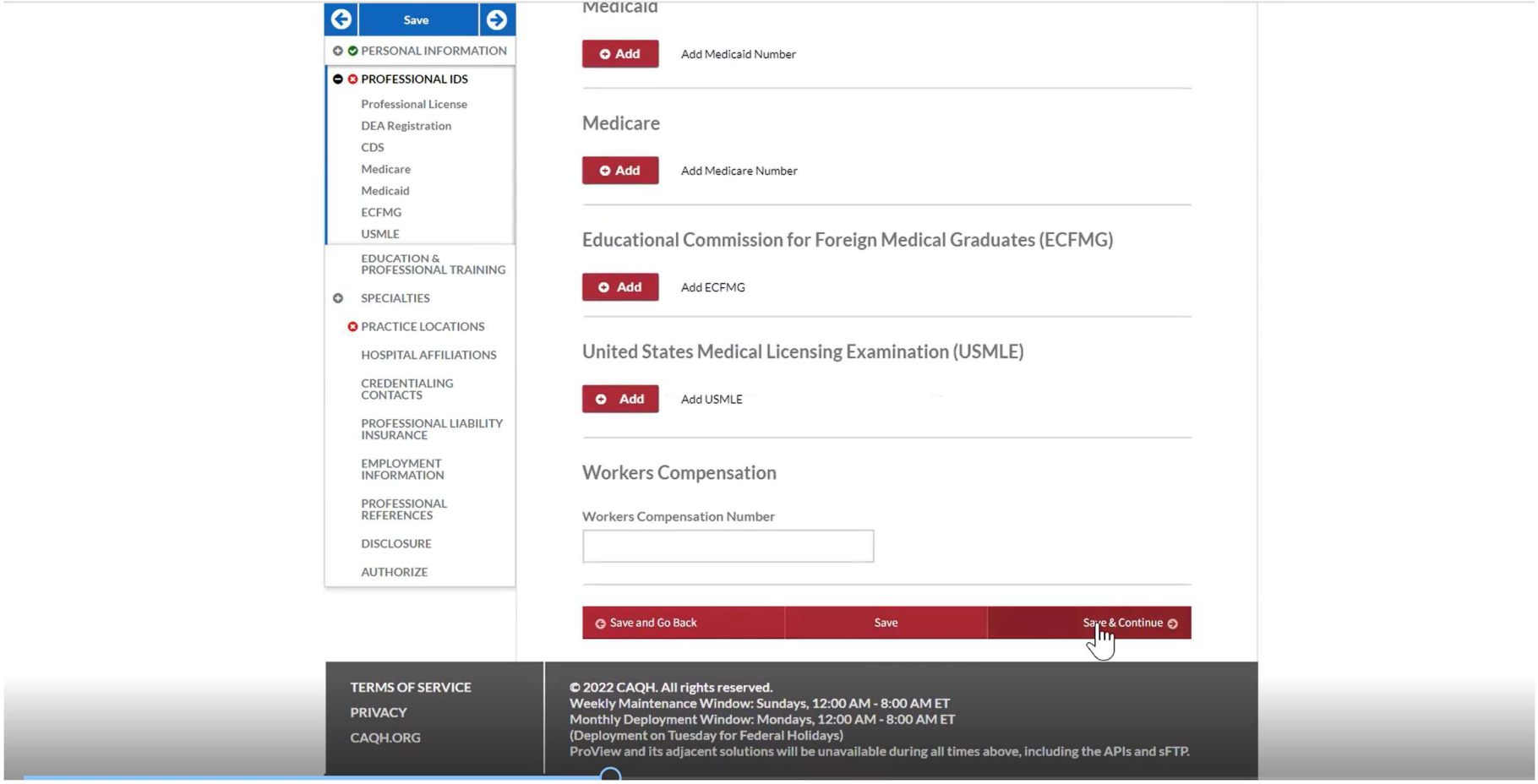


DEA & CDS registration information is not required to input?

If you do not prescribe controlled substances, then check the small box to indicate such



- **Reason for not having DEA registration:**
  - **I am not required to prescribe per my specialty**
  - **I choose not to prescribe**
  - **My patients do not require controlled substances**


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
Professional License
DEA Registration
CDS
Medicare
Medicaid
ECFMG
USMLE
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Medicaid
Add
Add Medicaid Number
Medicare
Add
Add Medicare Number
Educational Commission for Foreign Medical Graduates (ECFMG)
Add
Add ECFMG
United States Medical Licensing Examination (USMLE)
Add
Add USMLE
Workers Compensation
Workers Compensation Number
Save and Go Back
Save
Save & Continue
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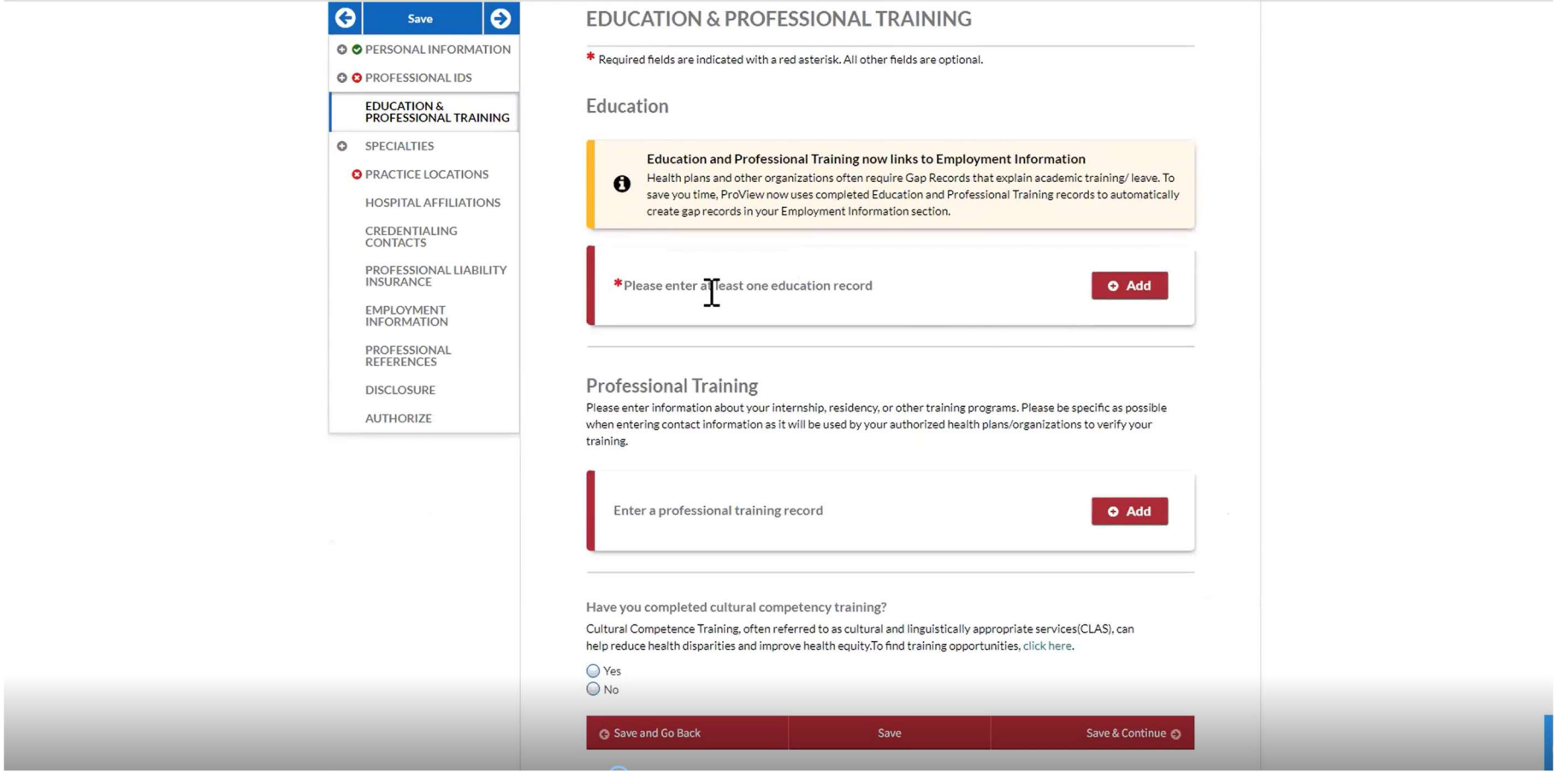
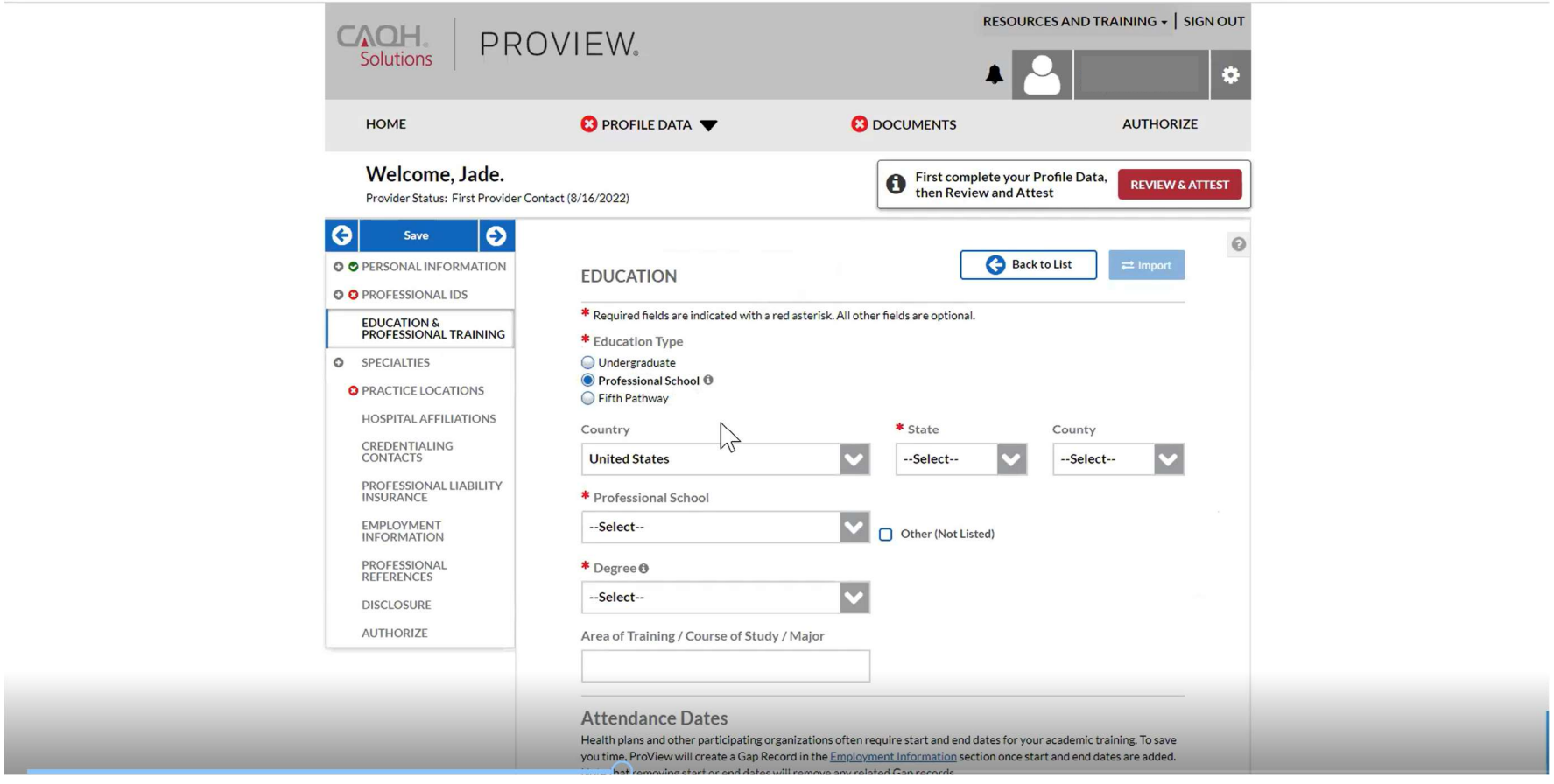
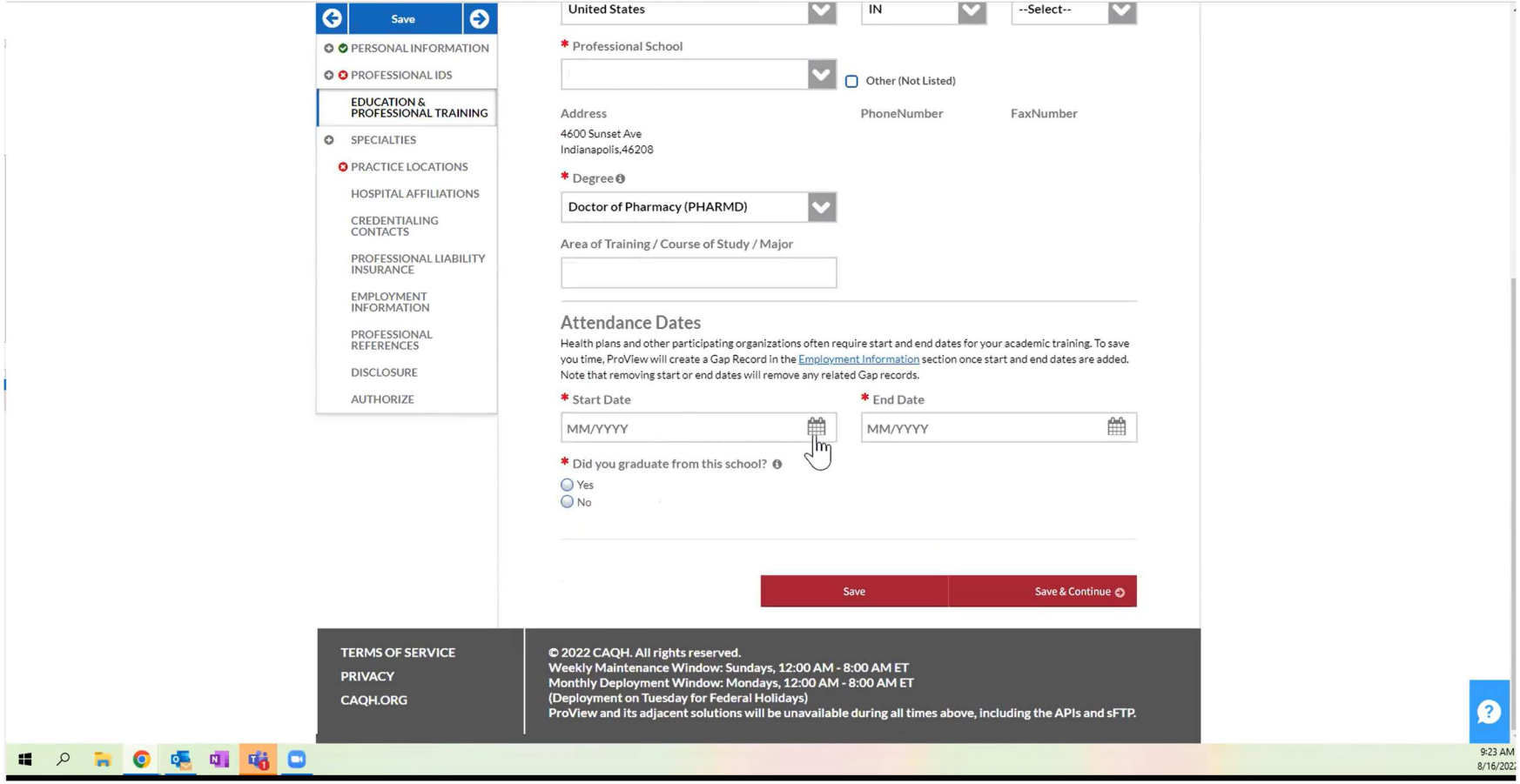


Select 'add' under education and page will update to provide necessary information below:


CAQH Solutions
PROVIEW.
RESOURCES AND TRAINING
SIGN OUT
HOME
PROFILE DATA
DOCUMENTS
AUTHORIZE
Welcome, Jade.
Provider Status: First Provider Contact (8/16/2022)
First complete your Profile Data, then Review and Attest
REVIEW & ATTEST
Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
EDUCATION
Back to List
Import
* Required fields are indicated with a red asterisk. All other fields are optional.
* Education Type
Undergraduate
Professional School
Fifth Pathway
Country
United States
* State
--Select--
County
--Select--
* Professional School
--Select--
Other (Not Listed)
* Degree
--Select--
Area of Training / Course of Study / Major
Attendance Dates
Health plans and other participating organizations often require start and end dates for your academic training. To save you time, ProView will create a Gap Record in the Employment Information section once start and end dates are added.


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
United States
IN
--Select--
* Professional School
Other (Not Listed)
Address
PhoneNumber
FaxNumber
4600 Sunset Ave
Indianapolis,46208
* Degree
Doctor of Pharmacy (PHARMD)
Area of Training / Course of Study / Major
Attendance Dates
Health plans and other participating organizations often require start and end dates for your academic training. To save you time, ProView will create a Gap Record in the Employment Information section once start and end dates are added. Note that removing start or end dates will remove any related Gap records.
* Start Date
MM/YYYY
* End Date
MM/YYYY
* Did you graduate from this school?
Yes
No
Save
Save & Continue
TERMS OF SERVICE
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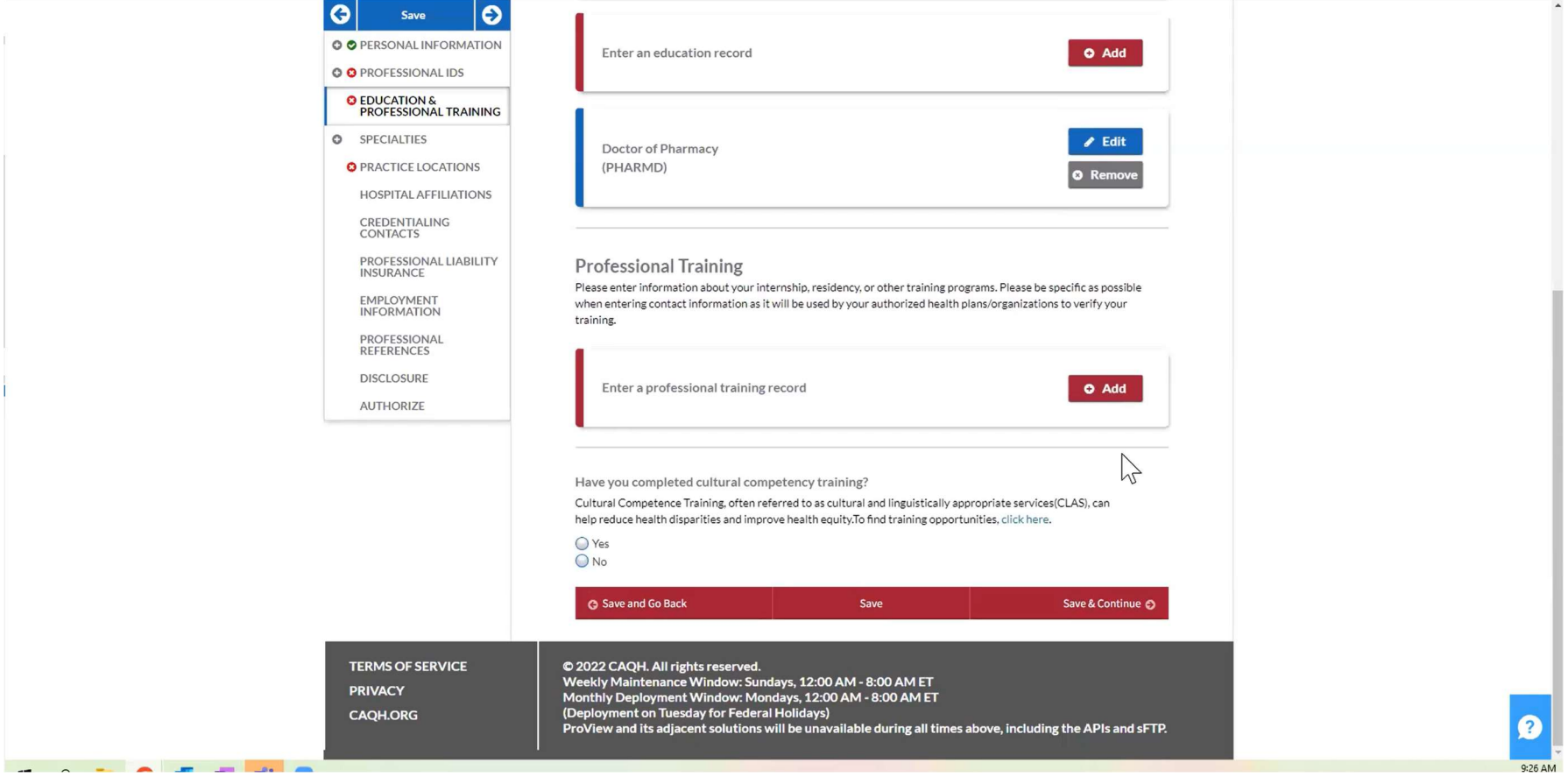
9:23 AM
8/16/202


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Enter an education record
Add
Doctor of Pharmacy
(PHARMD)
Edit
Remove
Professional Training
Please enter information about your internship, residency, or other training programs. Please be specific as possible when entering contact information as it will be used by your authorized health plans/organizations to verify your training.
Enter a professional training record
Add
Have you completed cultural competency training?
Cultural Competence Training, often referred to as cultural and linguistically appropriate services(CLAS), can help reduce health disparities and improve health equity.To find training opportunities, click here.
Yes
No
Save and Go Back
Save
Save & Continue
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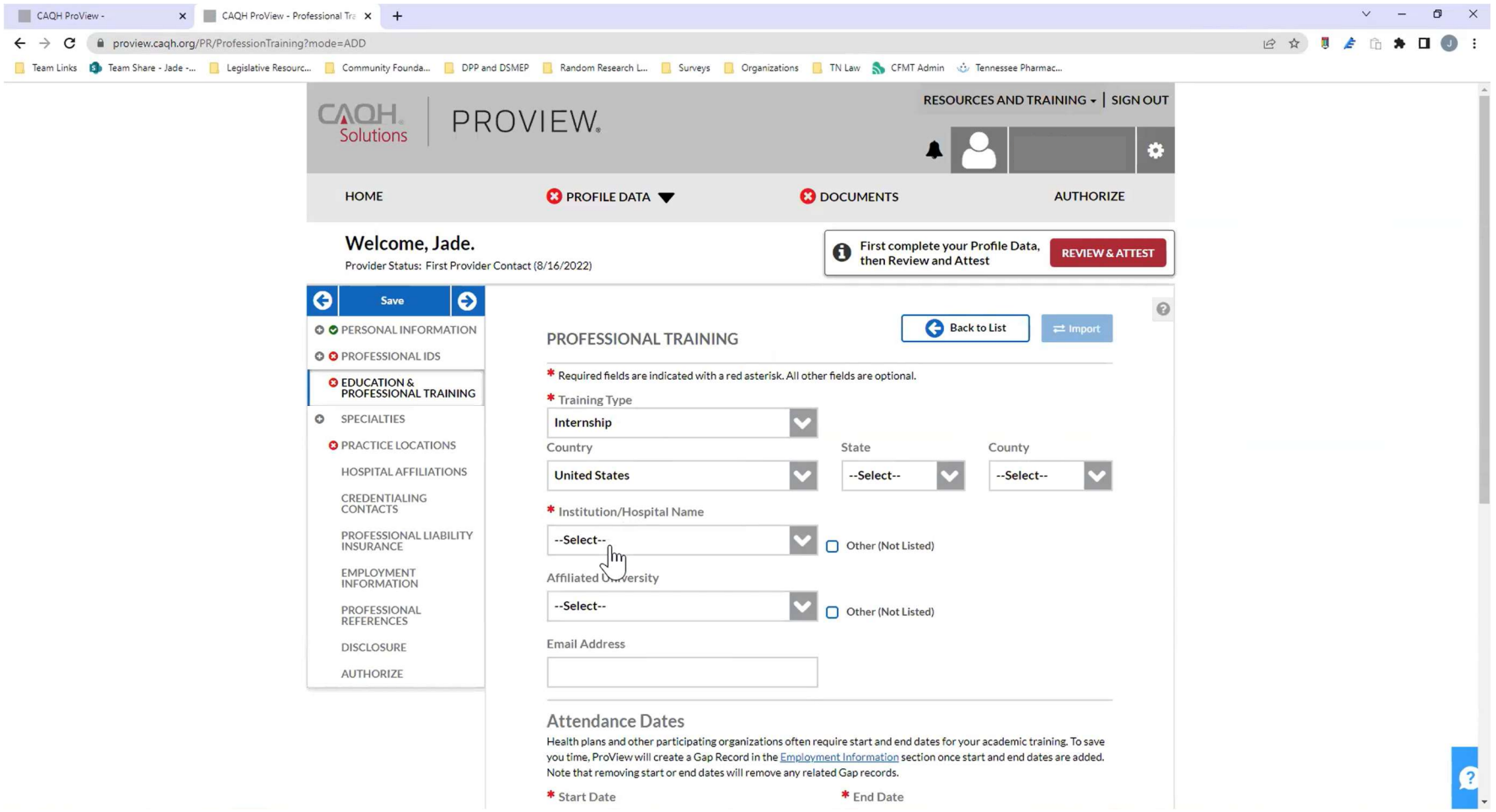
9:26 AM


CAQH ProView -
CAQH ProView - Professional Tra
proview.caqh.org/PR/ProfessionTraining?mode=ADD
Team Links
Team Share - Jade -...
Legislative Resourc...
Community Founda...
DPP and DSMEP
Random Research L...
Surveys
Organizations
TN Law
CFMT Admin
Tennessee Pharmac...
CAQH Solutions
PROVIEW.
RESOURCES AND TRAINING
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DOCUMENTS
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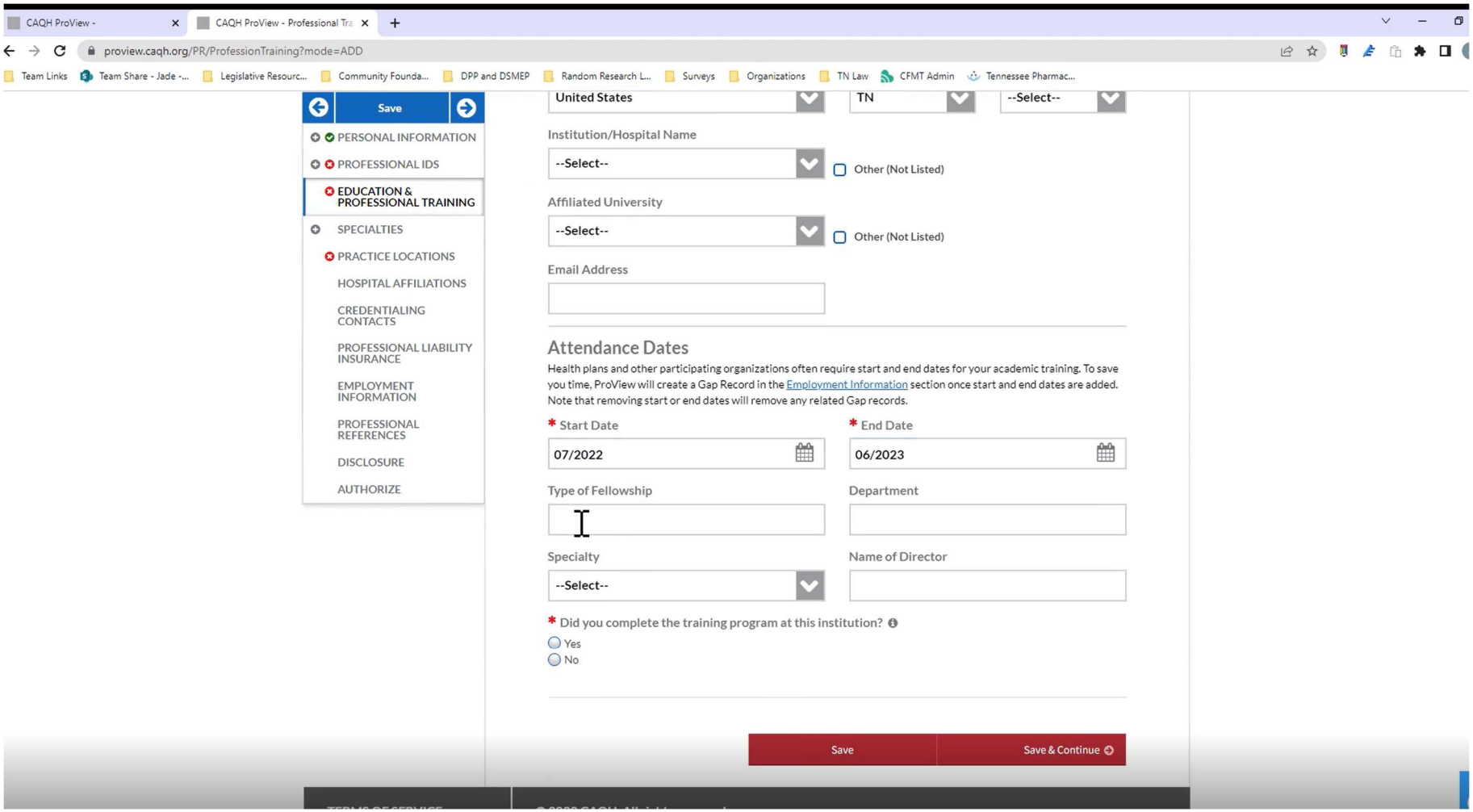
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
PROFESSIONAL TRAINING
Back to List
Import
* Required fields are indicated with a red asterisk. All other fields are optional.
* Training Type
Internship
Country
United States
State
--Select--
County
--Select--
* Institution/Hospital Name
--Select--
Other (Not Listed)
Affiliated University
--Select--
Other (Not Listed)
Email Address
Attendance Dates
Health plans and other participating organizations often require start and end dates for your academic training. To save you time, ProView will create a Gap Record in the Employment Information section once start and end dates are added. Note that removing start or end dates will remove any related Gap records.
* Start Date
* End Date


CAQH ProView -
CAQH ProView - Professional Tra
proview.caqh.org/PR/ProfessionTraining?mode=ADD
Team Links
Team Share - Jade -...
Legislative Resourc...
Community Founda...
DPP and DSMEP
Random Research L...
Surveys
Organizations
TN Law
CFMT Admin
Tennessee Pharmac...
Save
PERSONAL INFORMATION
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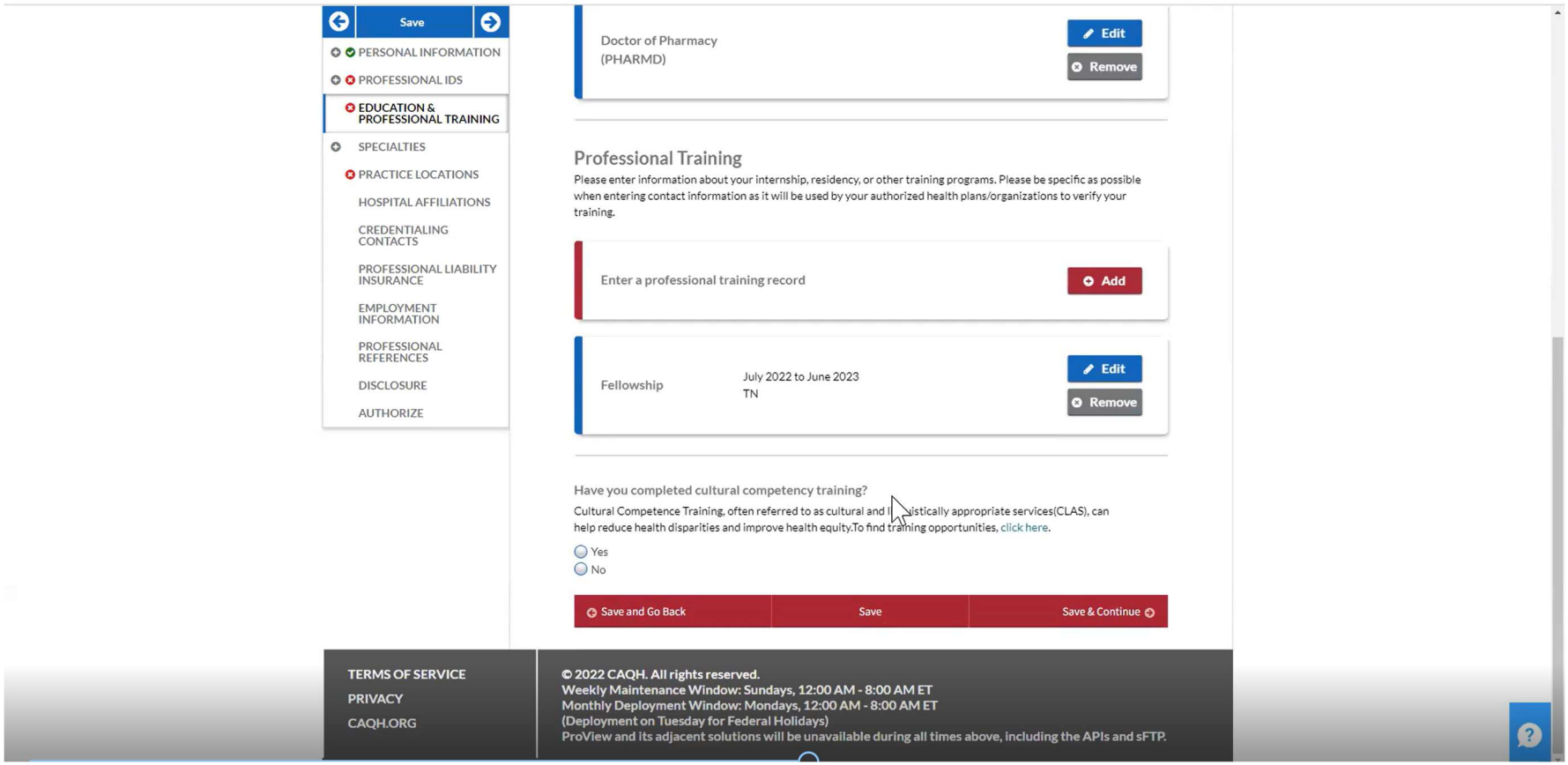
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
United States
TN
--Select--
Institution/Hospital Name
--Select--
Other (Not Listed)
Affiliated University
--Select--
Other (Not Listed)
Email Address
Attendance Dates
Health plans and other participating organizations often require start and end dates for your academic training. To save you time, ProView will create a Gap Record in the Employment Information section once start and end dates are added. Note that removing start or end dates will remove any related Gap records.
* Start Date
07/2022
* End Date
06/2023
Type of Fellowship
Department
Specialty
--Select--
Name of Director
* Did you complete the training program at this institution?
Yes
No
Save
Save & Continue


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Doctor of Pharmacy (PHARMD)
Edit
Remove
Professional Training
Please enter information about your internship, residency, or other training programs. Please be specific as possible when entering contact information as it will be used by your authorized health plans/organizations to verify your training.
Enter a professional training record
Add
Fellowship
July 2022 to June 2023
TN
Edit
Remove
Have you completed cultural competency training?
Cultural Competence Training, often referred to as cultural and l istically appropriate services(CLAS), can help reduce health disparities and improve health equity.To find training opportunities, click here.
Yes
No
Save and Go Back
Save
Save & Continue
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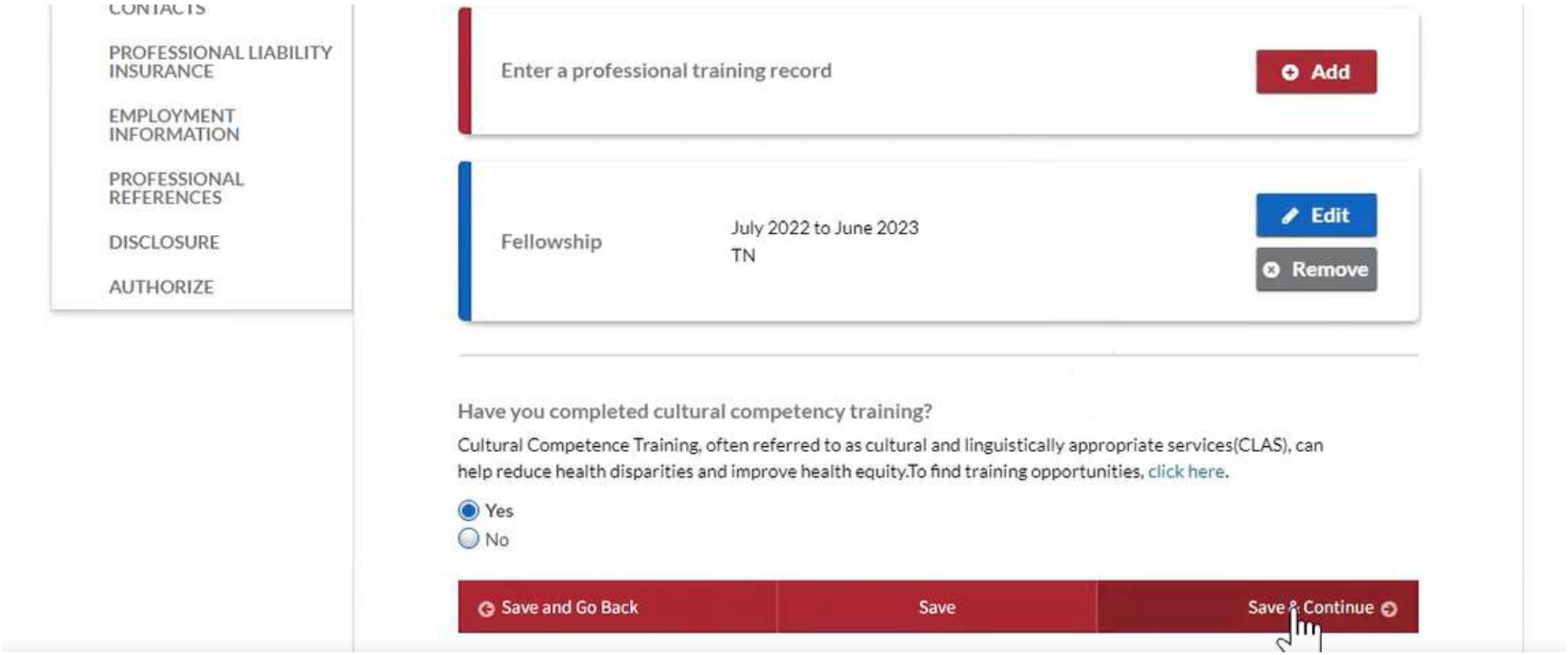
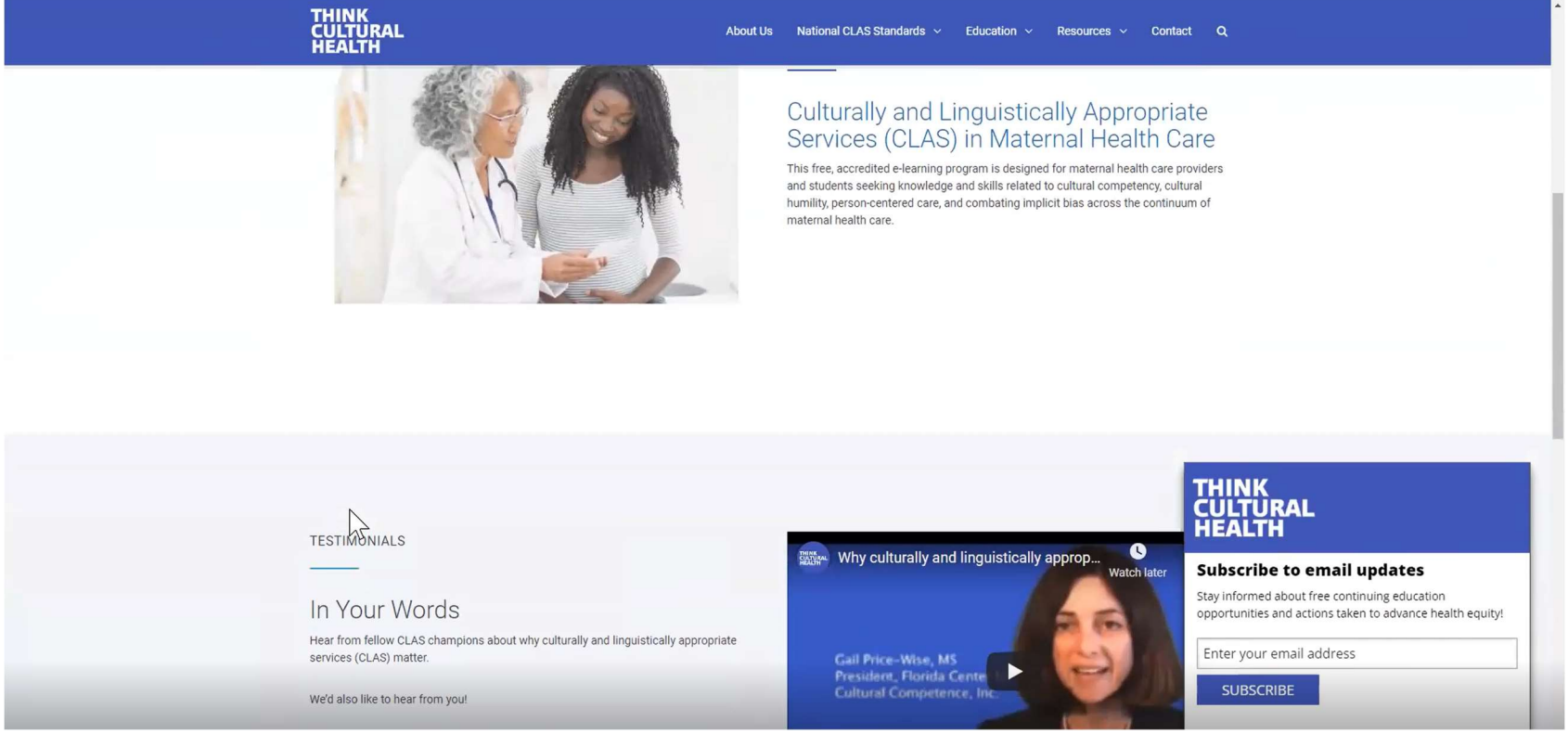
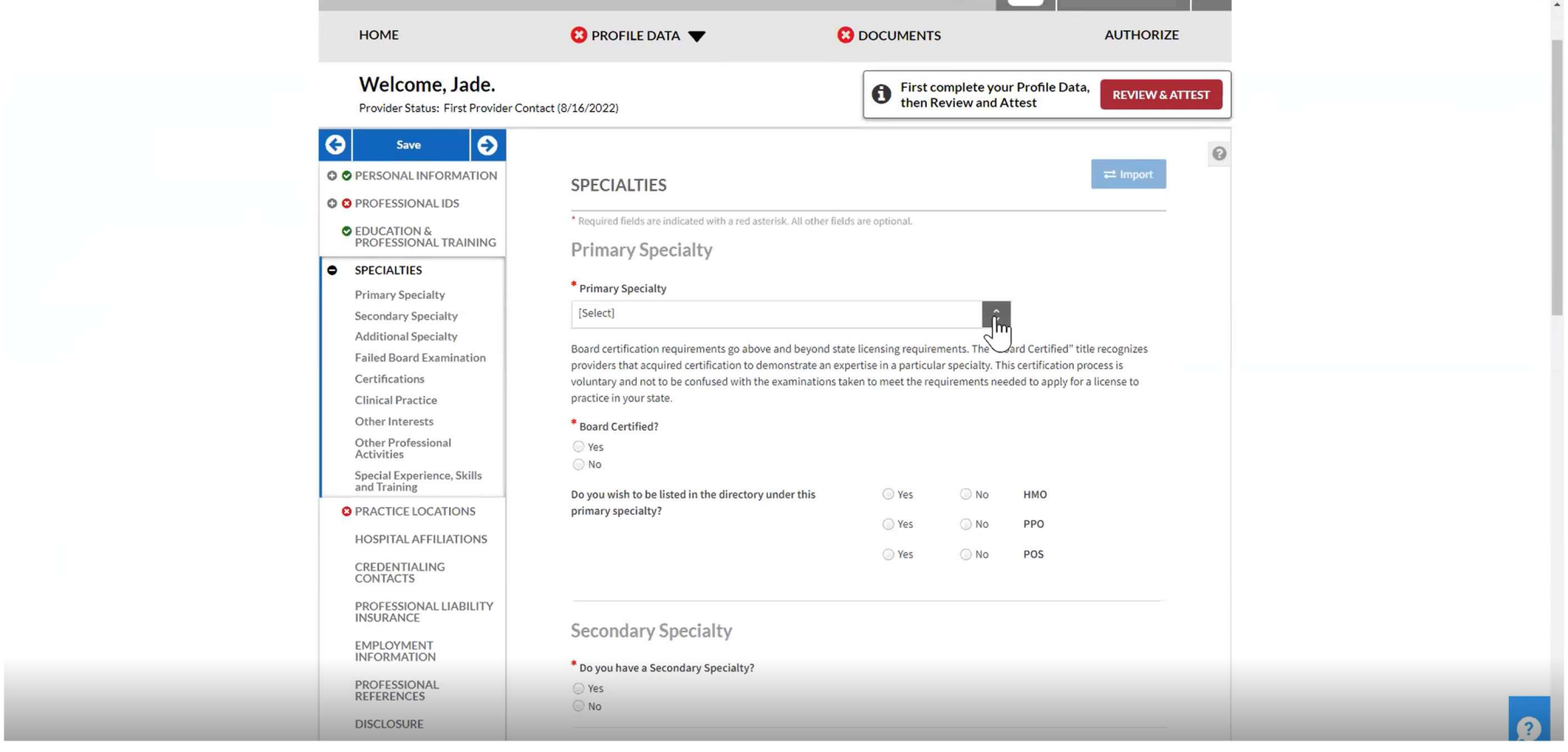
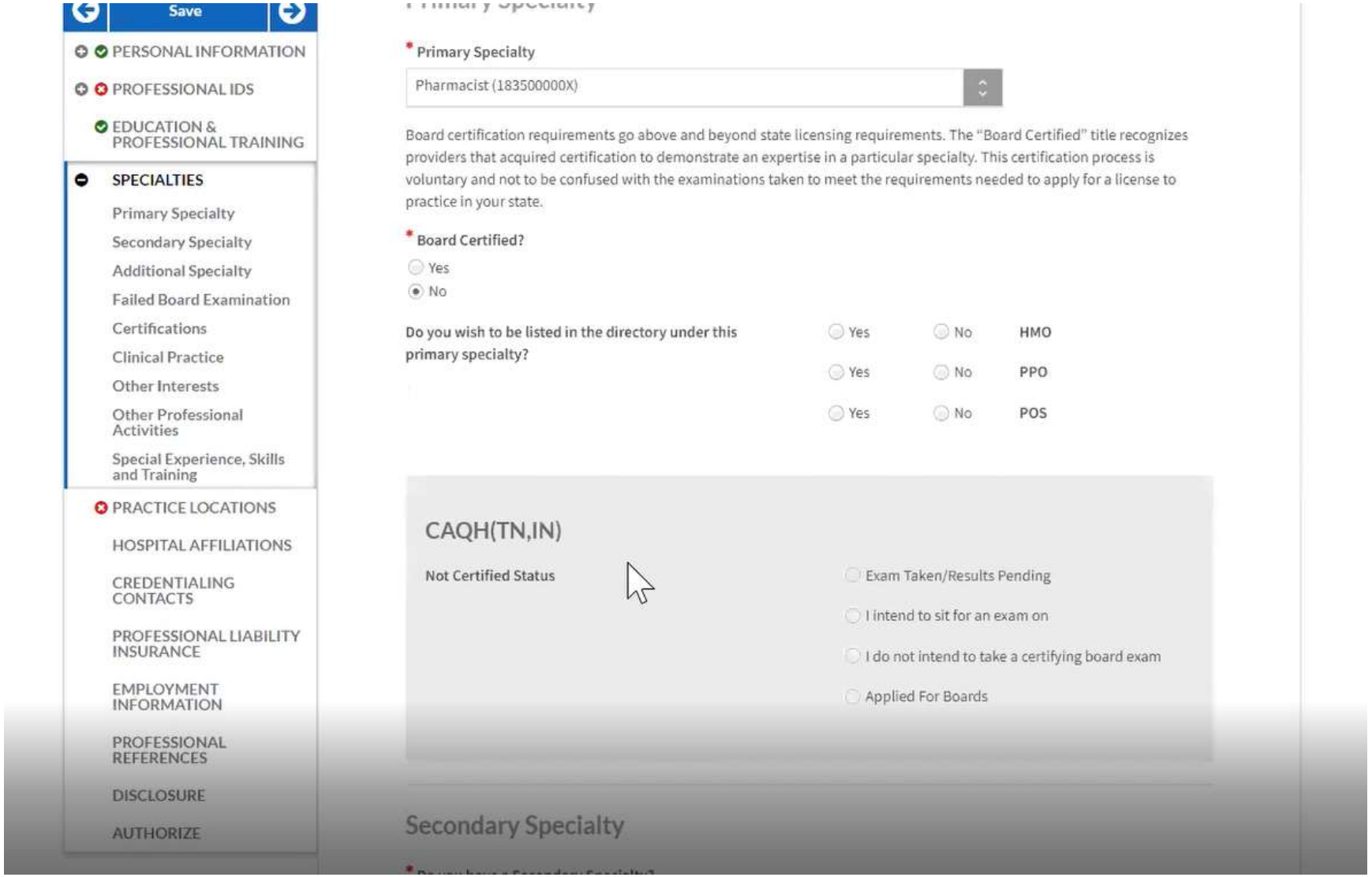


The click here goes to the below:


THINK CULTURAL HEALTH
About Us
National CLAS Standards
Education
Resources
Contact
Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care
This free, accredited e-learning program is designed for maternal health care providers and students seeking knowledge and skills related to cultural competency, cultural humility, person-centered care, and combating implicit bias across the continuum of maternal health care.
TESTIMONIALS
In Your Words
Hear from fellow CLAS champions about why culturally and linguistically appropriate services (CLAS) matter.
We'd also like to hear from you!
Why culturally and linguistically approp...
Watch later
Gail Price-Wise, MS
President, Florida Center
Cultural Competence, Inc.
THINK CULTURAL HEALTH
Subscribe to email updates
Stay informed about free continuing education opportunities and actions taken to advance health equity!
Enter your email address
SUBSCRIBE


HOME
PROFILE DATA
DOCUMENTS
AUTHORIZE
Welcome, Jade.
Provider Status: First Provider Contact (8/16/2022)
First complete your Profile Data, then Review and Attest
REVIEW & ATTEST
Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
Primary Specialty
Secondary Specialty
Additional Specialty
Failed Board Examination
Certifications
Clinical Practice
Other Interests
Other Professional Activities
Special Experience, Skills and Training
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
Import
SPECIALTIES
* Required fields are indicated with a red asterisk. All other fields are optional.
Primary Specialty
* Primary Specialty
[Select]
Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.
* Board Certified?
Yes
No
Do you wish to be listed in the directory under this primary specialty?
Yes No HMO
Yes No PPO
Yes No POS
Secondary Specialty
* Do you have a Secondary Specialty?
Yes
No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SPECIALTIES
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Secondary Specialty
Additional Specialty
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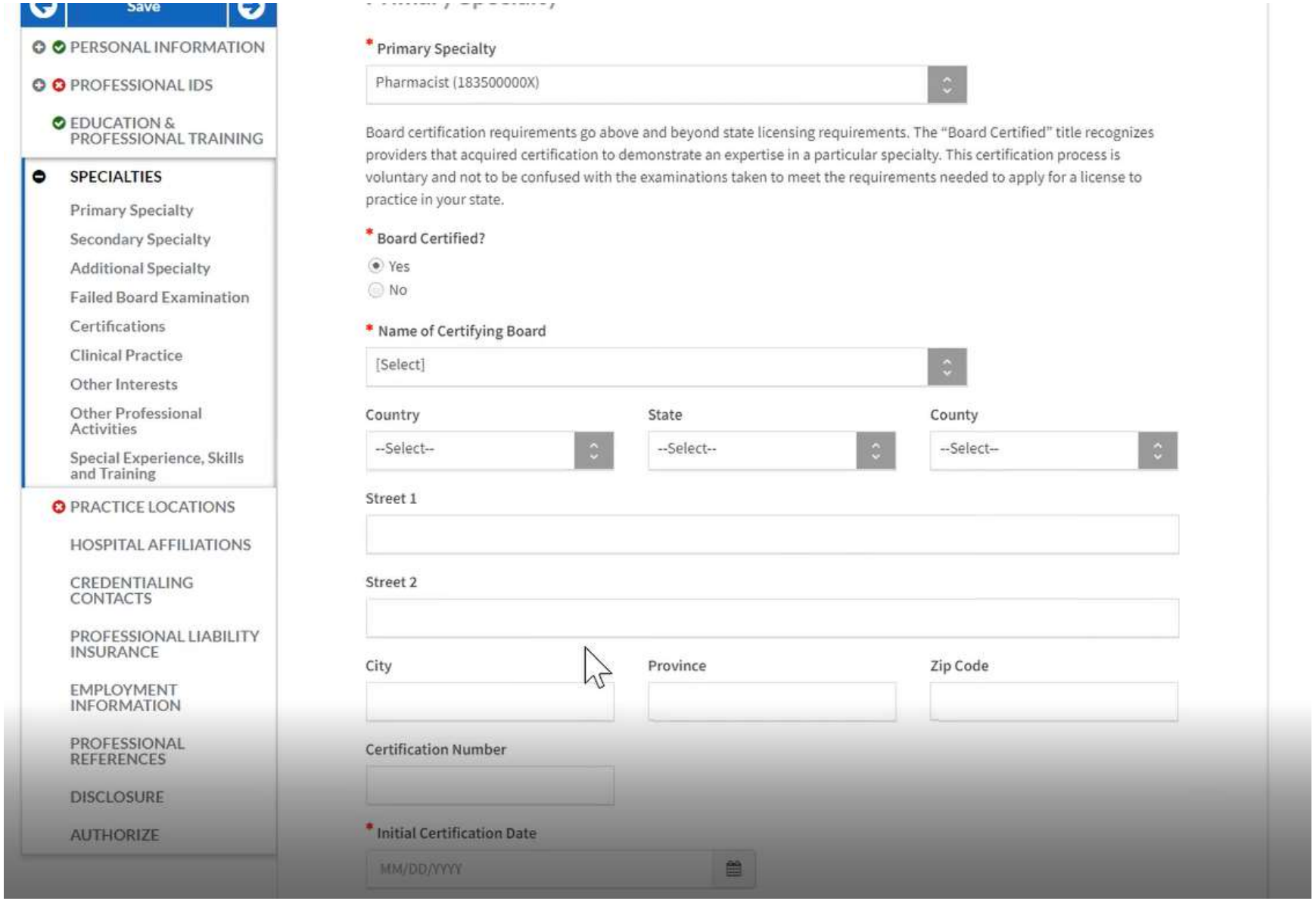
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Primary Specialty
Pharmacist (183500000X)
Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.
Board Certified?
Yes
No
Do you wish to be listed in the directory under this primary specialty?
Yes No HMO
Yes No PPO
Yes No POS
CAQH(TN,IN)
Not Certified Status
Exam Taken/Results Pending
I intend to sit for an exam on
I do not intend to take a certifying board exam
Applied For Boards
Secondary Specialty


Save
PERSONAL INFORMATION
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EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
Primary Specialty
Secondary Specialty
Additional Specialty
Failed Board Examination
Certifications
Clinical Practice
Other Interests
Other Professional Activities
Special Experience, Skills and Training
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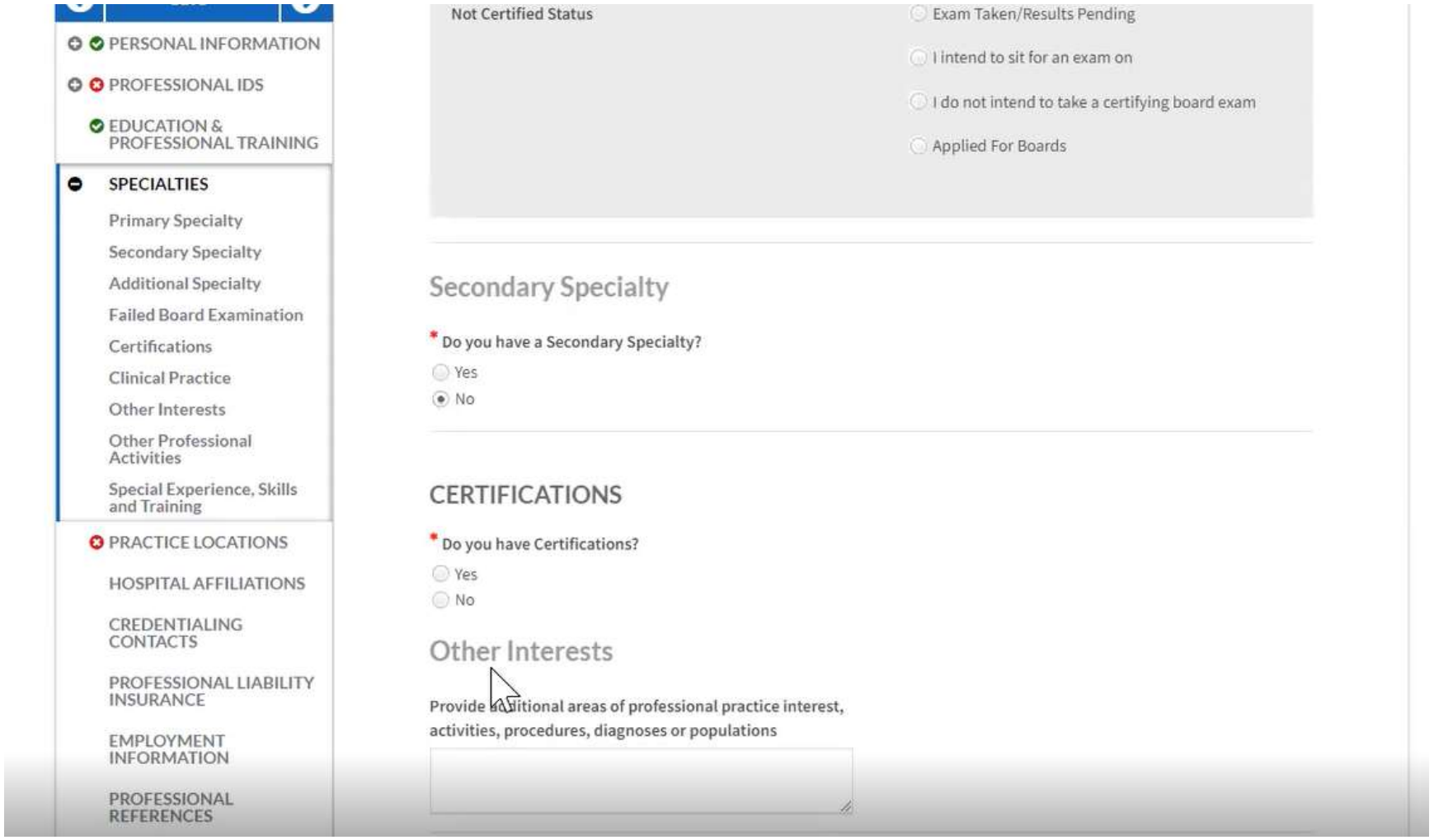
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
* Primary Specialty
Pharmacist (183500000X)
Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.
* Board Certified?
Yes
No
* Name of Certifying Board
[Select]
Country
--Select--
State
--Select--
County
--Select--
Street 1
Street 2
City
Province
Zip Code
Certification Number
* Initial Certification Date
MM/DD/YYYY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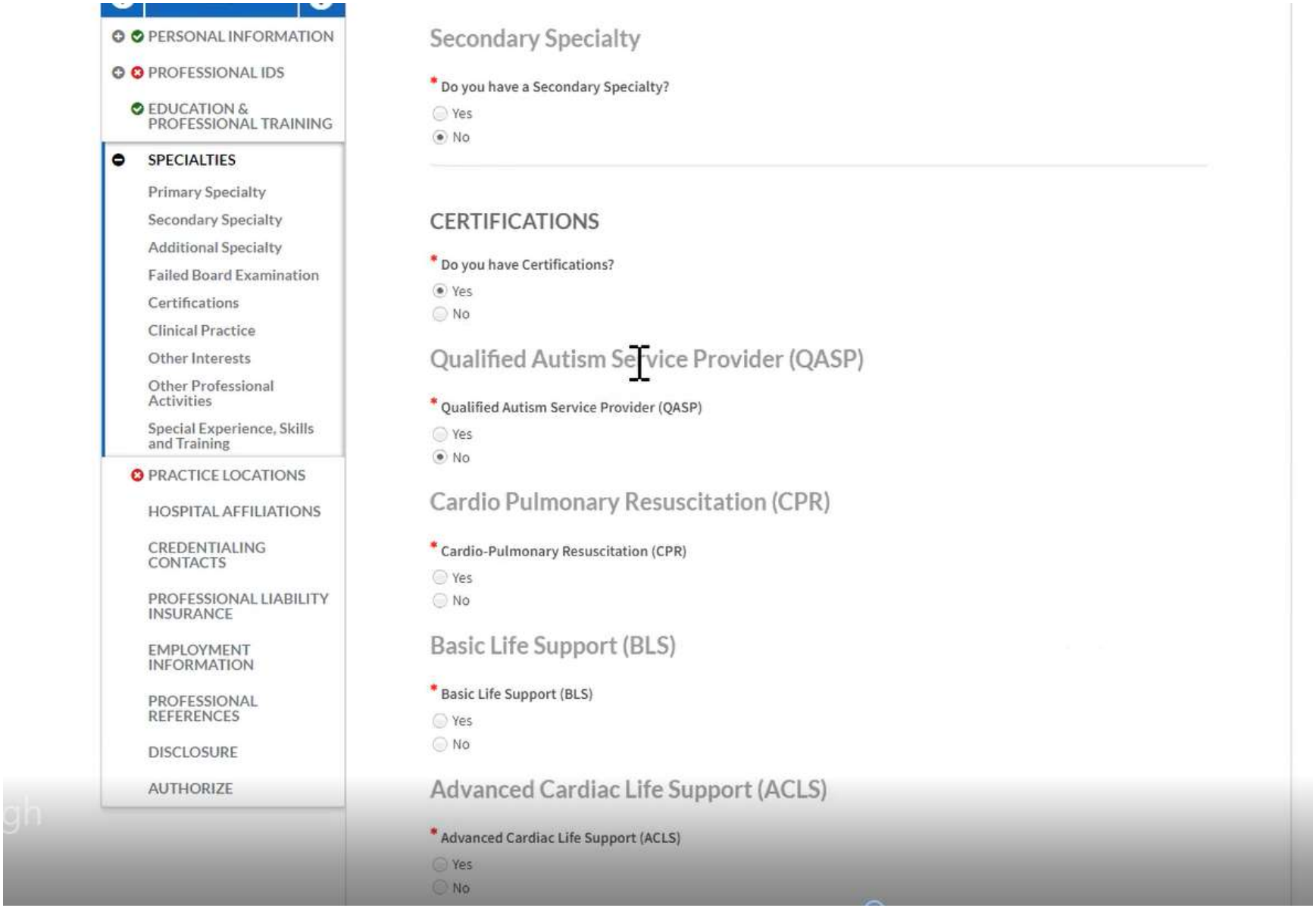
PROFESSIONAL REFERENCES
Not Certified Status
Exam Taken/Results Pending
I intend to sit for an exam on
I do not intend to take a certifying board exam
Applied For Boards
Secondary Specialty
* Do you have a Secondary Specialty?
Yes
No
CERTIFICATIONS
* Do you have Certifications?
Yes
No
Other Interests
Provide additional areas of professional practice interest, activities, procedures, diagnoses or populations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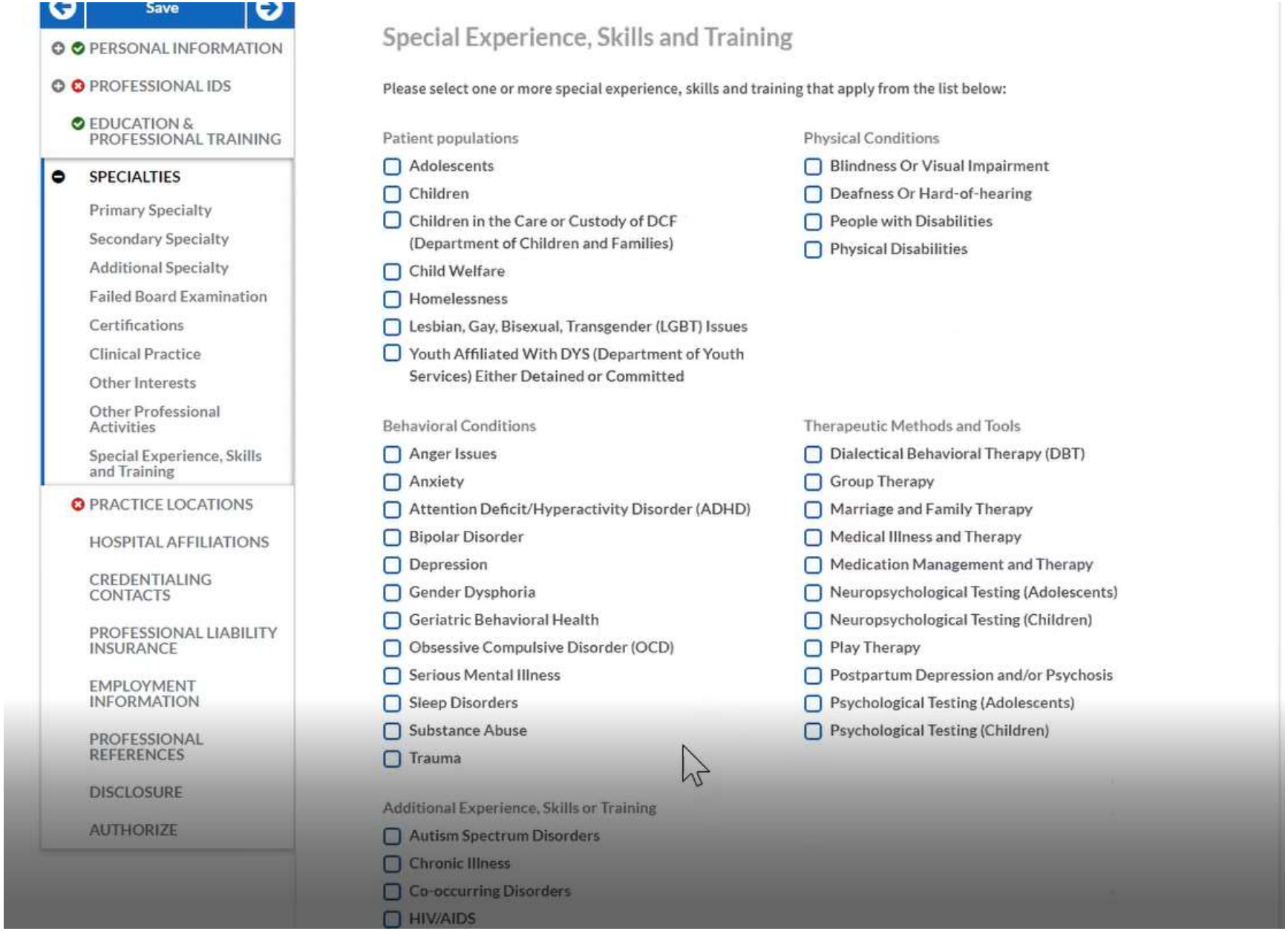
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Secondary Specialty
* Do you have a Secondary Specialty?
Yes
No
CERTIFICATIONS
* Do you have Certifications?
Yes
No
Qualified Autism Service Provider (QASP)
* Qualified Autism Service Provider (QASP)
Yes
No
Cardio Pulmonary Resuscitation (CPR)
* Cardio-Pulmonary Resuscitation (CPR)
Yes
No
Basic Life Support (BLS)
* Basic Life Support (BLS)
Yes
No
Advanced Cardiac Life Support (ACLS)
* Advanced Cardiac Life Support (ACLS)
Yes
No


Save
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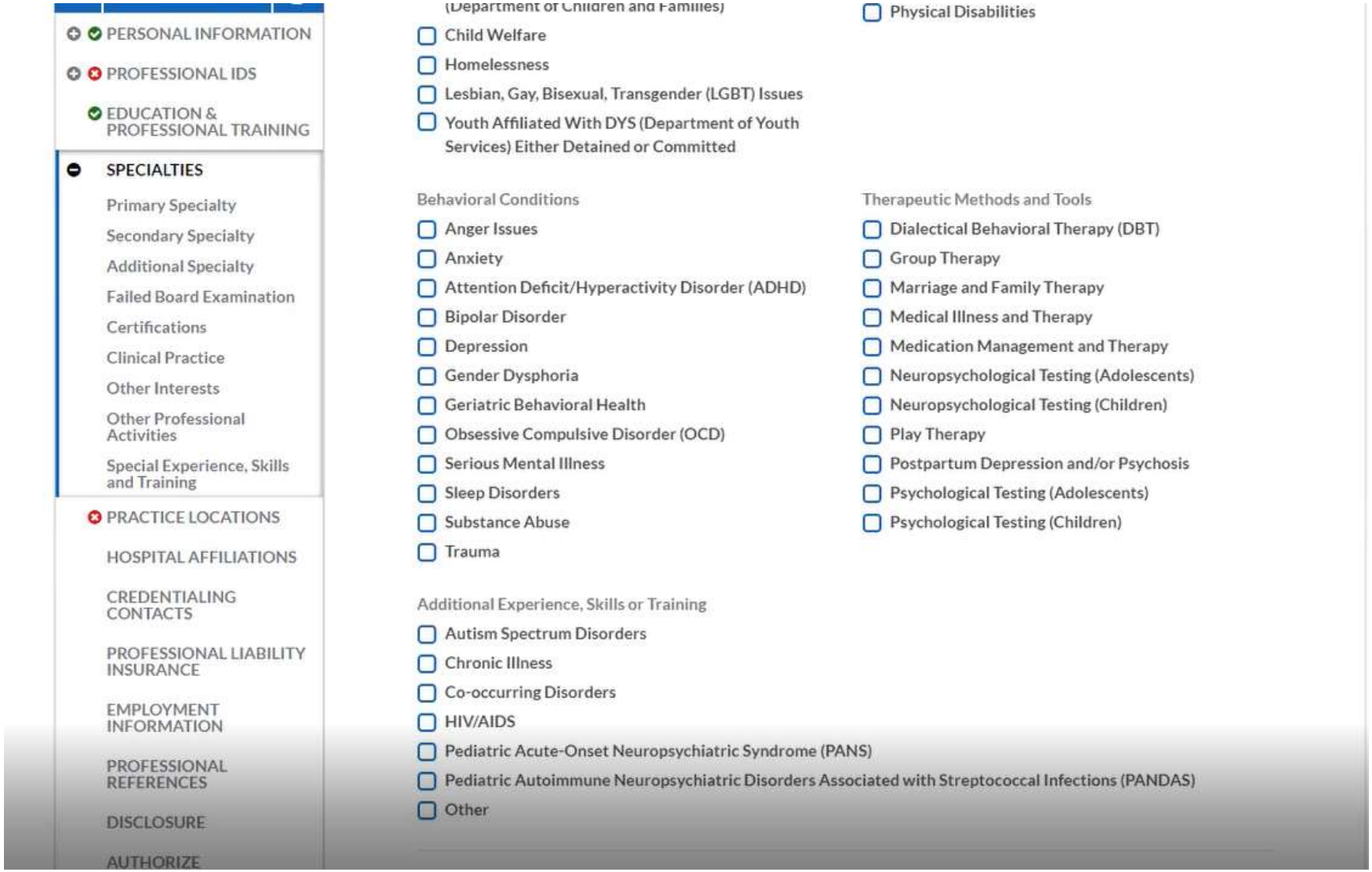
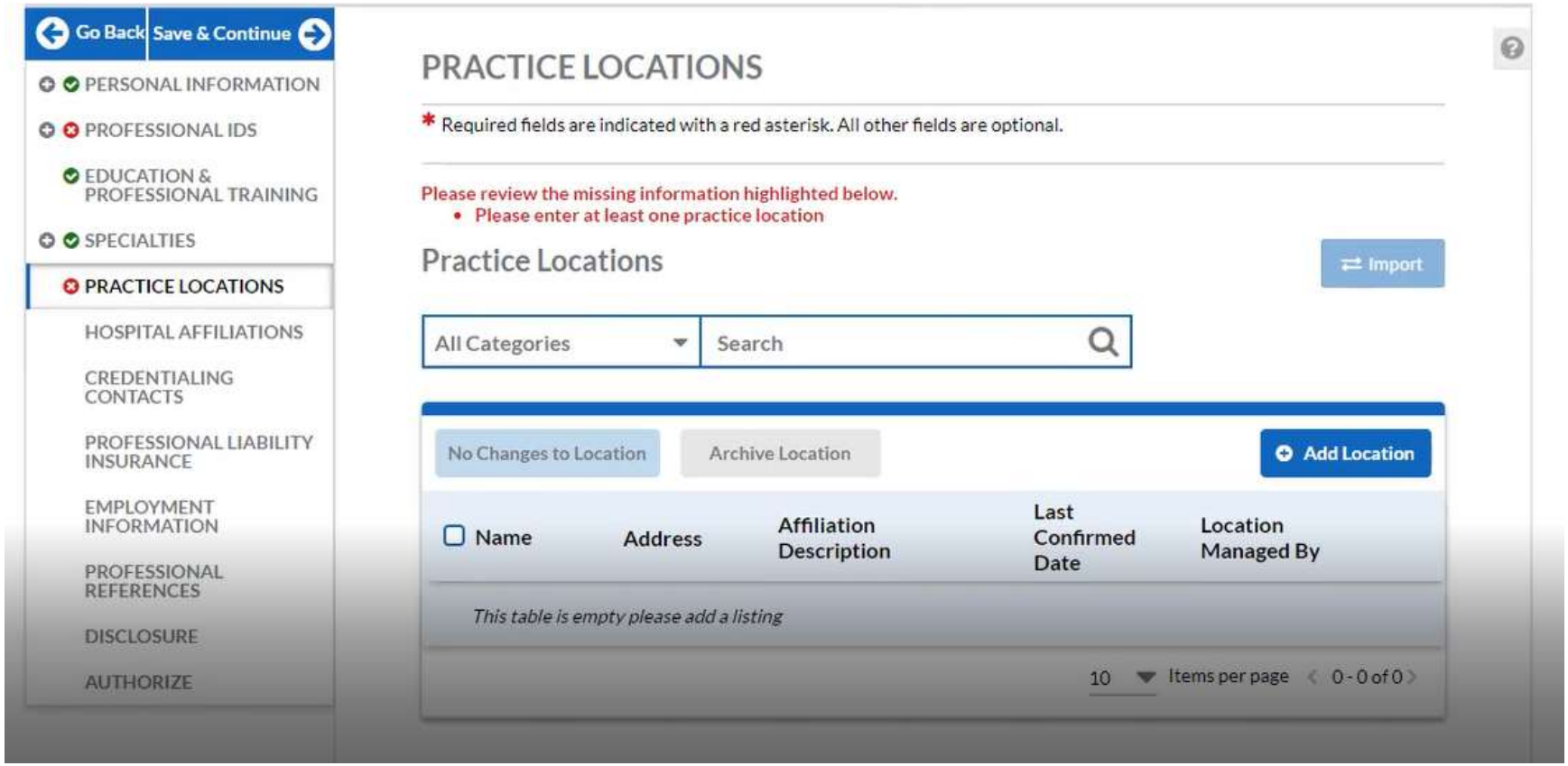
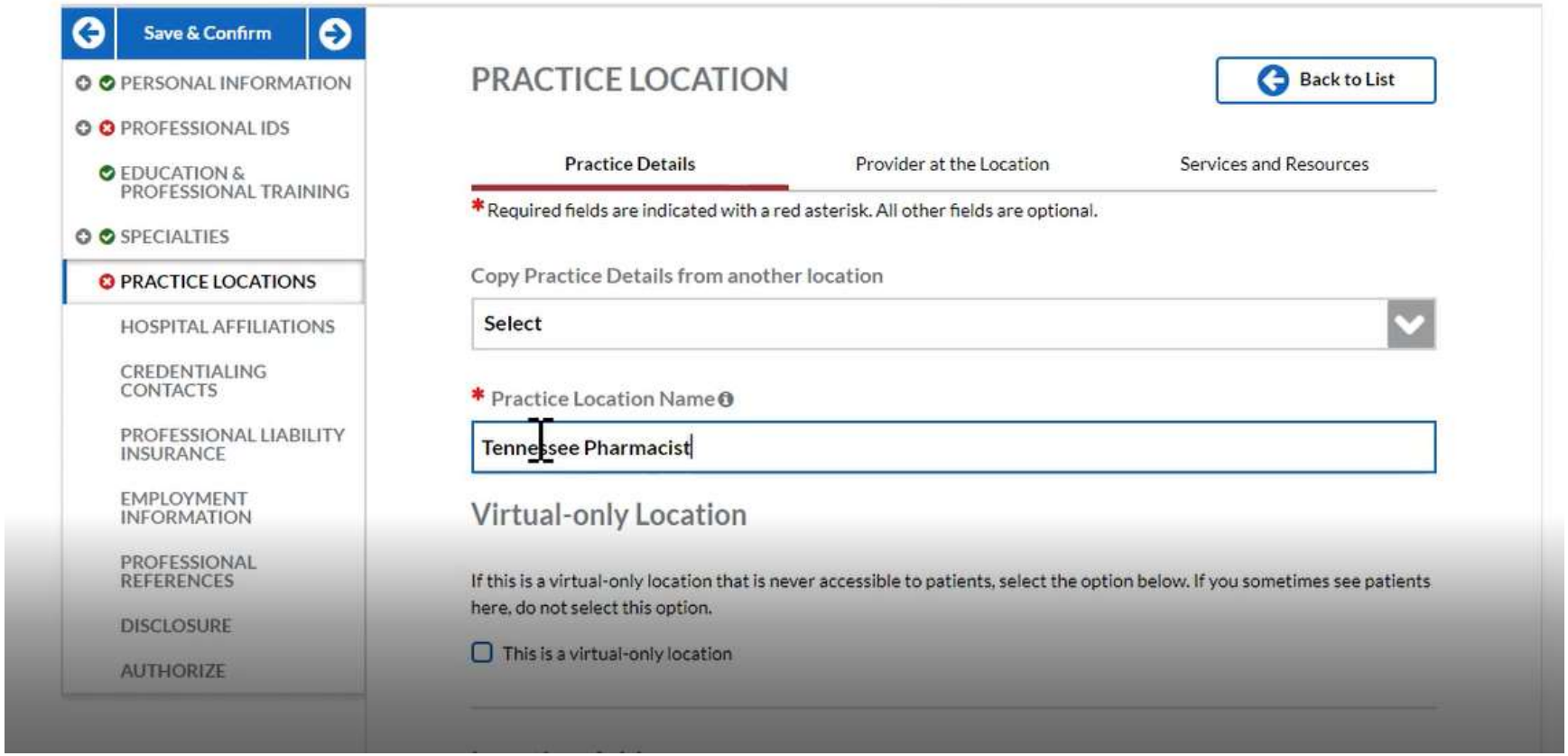
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Special Experience, Skills and Training
Please select one or more special experience, skills and training that apply from the list below:
Patient populations
Adolescents
Children
Children in the Care or Custody of DCF (Department of Children and Families)
Child Welfare
Homelessness
Lesbian, Gay, Bisexual, Transgender (LGBT) Issues
Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed
Physical Conditions
Blindness Or Visual Impairment
Deafness Or Hard-of-hearing
People with Disabilities
Physical Disabilities
Behavioral Conditions
Anger Issues
Anxiety
Attention Deficit/Hyperactivity Disorder (ADHD)
Bipolar Disorder
Depression
Gender Dysphoria
Geriatric Behavioral Health
Obsessive Compulsive Disorder (OCD)
Serious Mental Illness
Sleep Disorders
Substance Abuse
Trauma
Therapeutic Methods and Tools
Dialectical Behavioral Therapy (DBT)
Group Therapy
Marriage and Family Therapy
Medical Illness and Therapy
Medication Management and Therapy
Neuropsychological Testing (Adolescents)
Neuropsychological Testing (Children)
Play Therapy
Postpartum Depression and/or Psychosis
Psychological Testing (Adolescents)
Psychological Testing (Children)
Additional Experience, Skills or Training
Autism Spectrum Disorders
Chronic Illness
Co-occurring Disorders
HIV/AIDS



This information is mainly for CAQH knowledge and information for them – assists them with understanding who is getting credentialed and utilizing their service.



Look up your practices address – add location if necessary.


Save & Confirm
PERSONAL INFORMATION
PROFESSIONAL IDS
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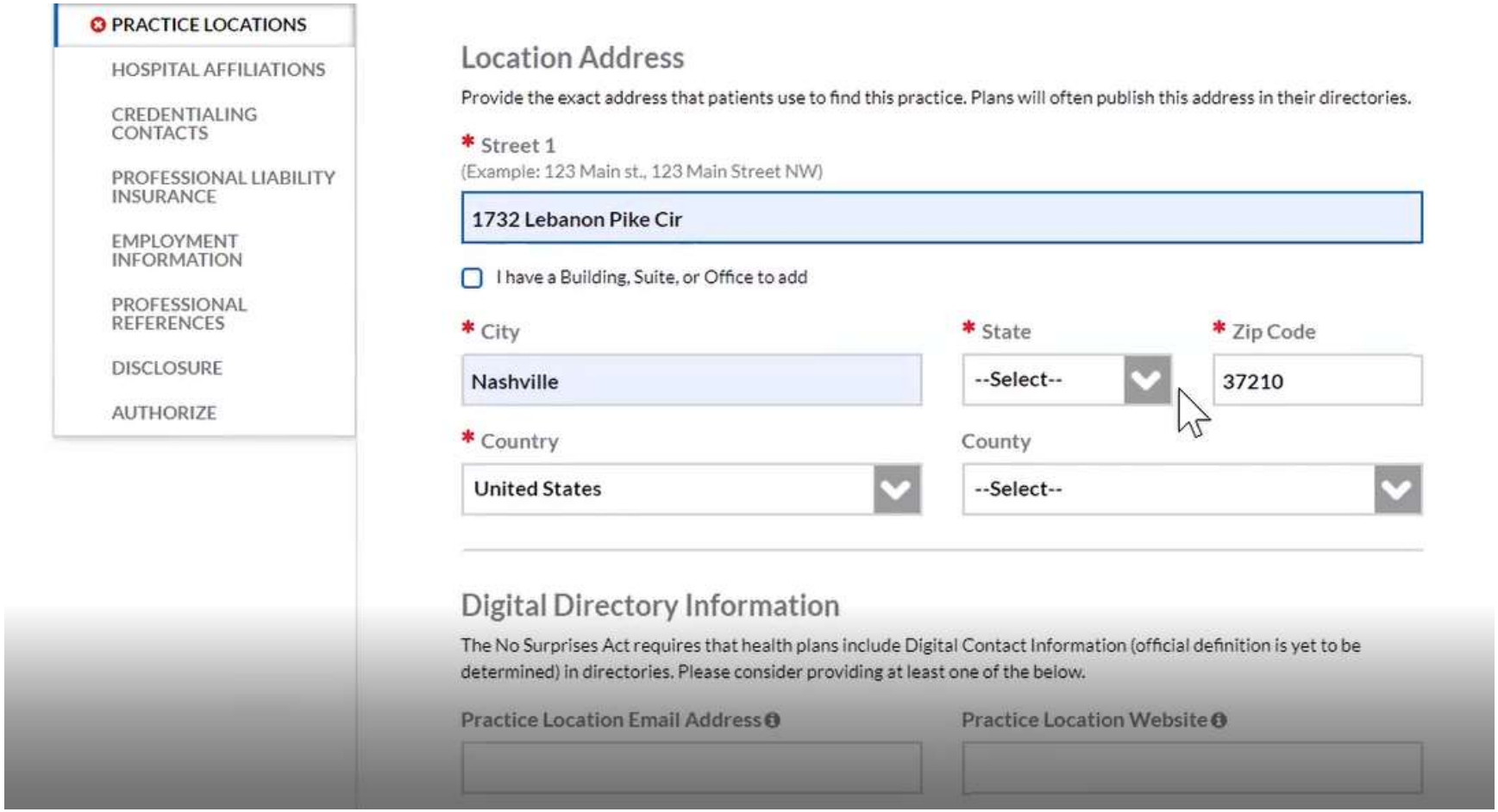
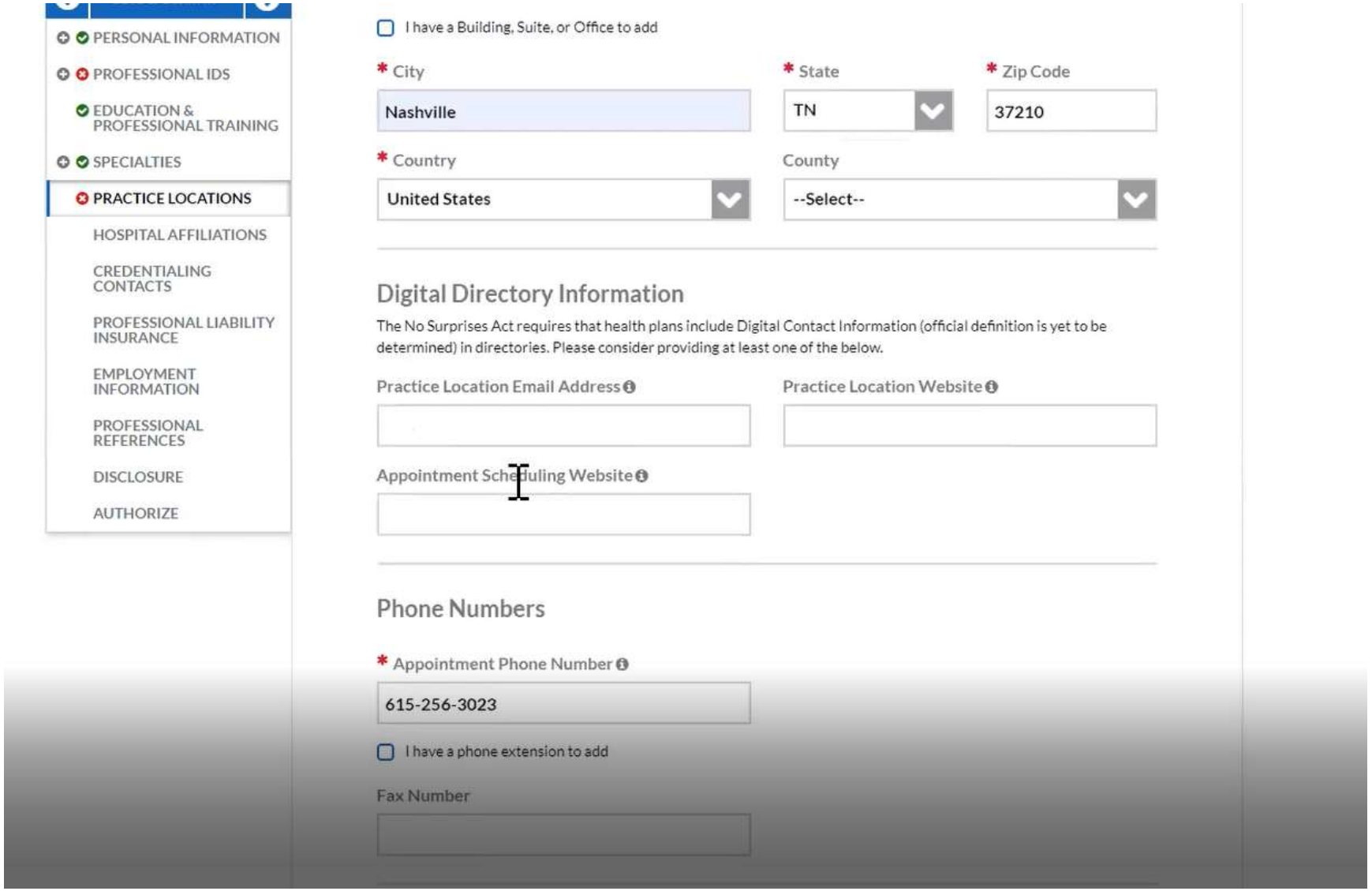
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
PRACTICE LOCATION
Back to List
Practice Details
Provider at the Location
Services and Resources
* Required fields are indicated with a red asterisk. All other fields are optional.
Copy Practice Details from another location
Select
* Practice Location Name
Tennessee Pharmacist
Virtual-only Location
If this is a virtual-only location that is never accessible to patients, select the option below. If you sometimes see patients here, do not select this option.
This is a virtual-only location


PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Location Address
Provide the exact address that patients use to find this practice. Plans will often publish this address in their directories.
* Street 1
(Example: 123 Main st., 123 Main Street NW)
1732 Lebanon Pike Cir
I have a Building, Suite, or Office to add
* City
Nashville
* State
--Select--
* Zip Code
37210
* Country
United States
County
--Select--
Digital Directory Information
The No Surprises Act requires that health plans include Digital Contact Information (official definition is yet to be determined) in directories. Please consider providing at least one of the below.
Practice Location Email Address
Practice Location Website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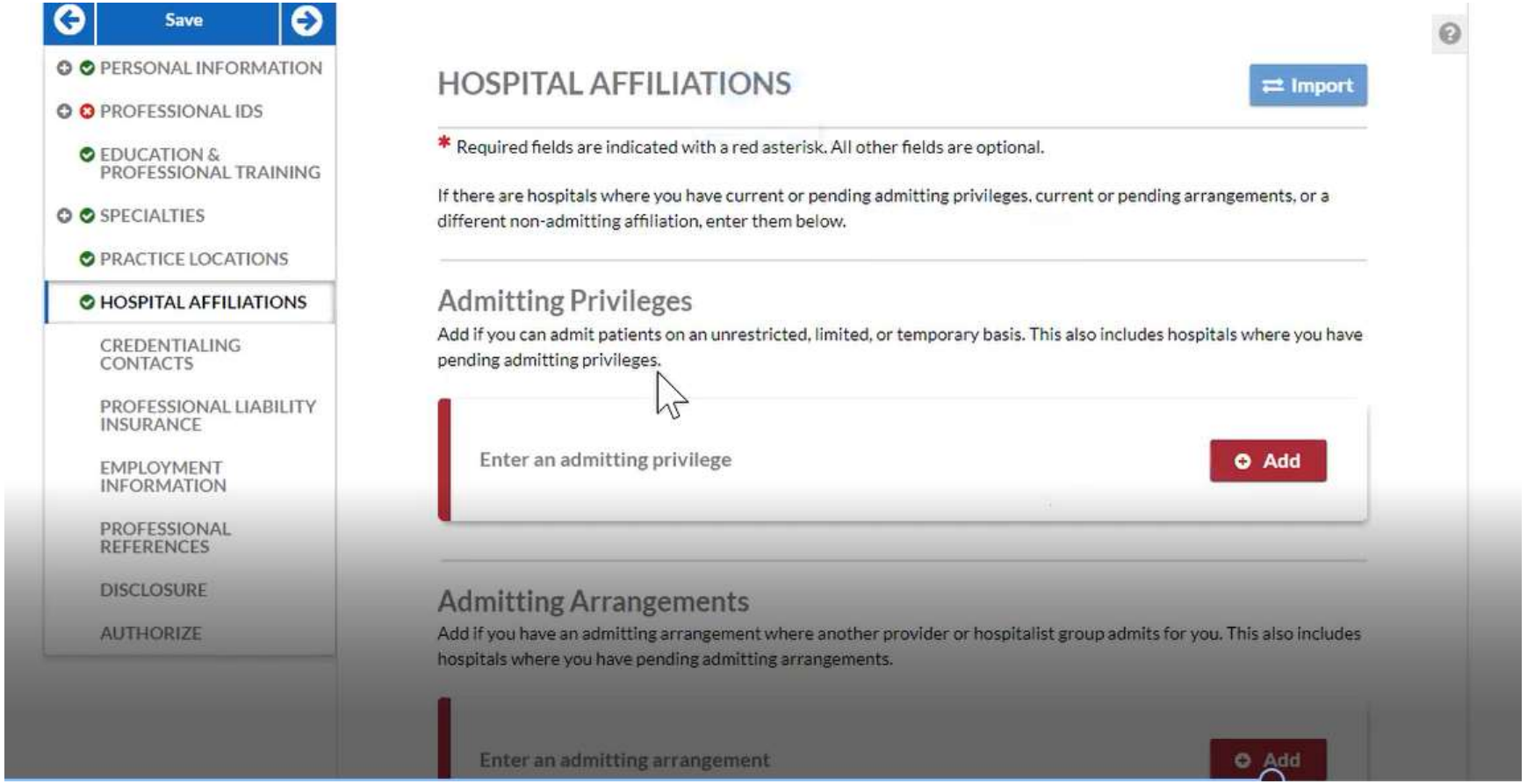
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
I have a Building, Suite, or Office to add
* City
Nashville
* State
TN
* Zip Code
37210
* Country
United States
County
--Select--
Digital Directory Information
The No Surprises Act requires that health plans include Digital Contact Information (official definition is yet to be determined) in directories. Please consider providing at least one of the below.
Practice Location Email Address
Practice Location Website
Appointment Scheduling Website
Phone Numbers
* Appointment Phone Number
615-256-3023
I have a phone extension to add
Fax Number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PERSONAL INFORMATION
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SPECIALTIES
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HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
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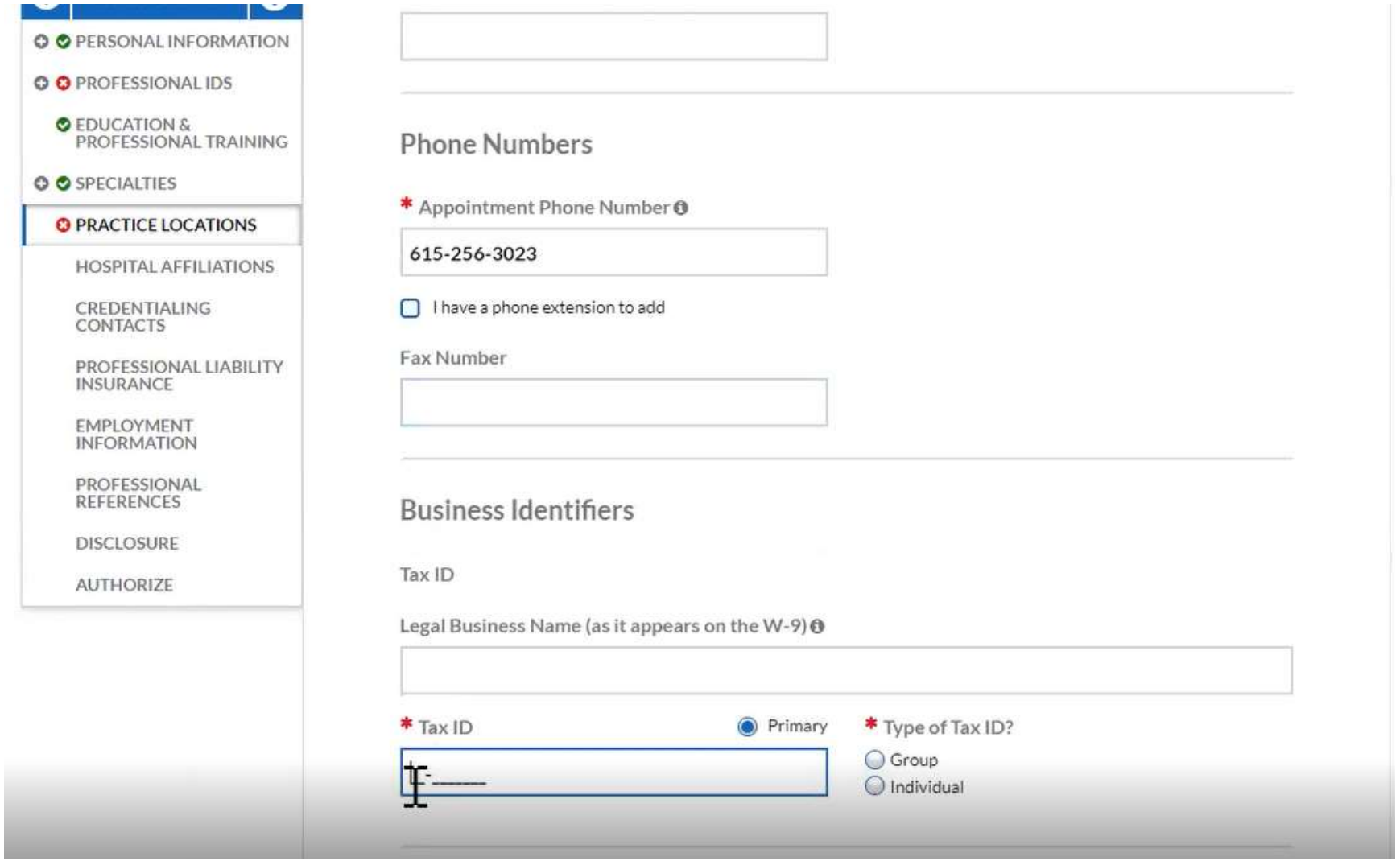
DISCLOSURE
AUTHORIZE
HOSPITAL AFFILIATIONS
Import
* Required fields are indicated with a red asterisk. All other fields are optional.
If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.
Admitting Privileges
Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes hospitals where you have pending admitting privileges.
Enter an admitting privilege
Add
Admitting Arrangements
Add if you have an admitting arrangement where another provider or hospitalist group admits for you. This also includes hospitals where you have pending admitting arrangements.
Enter an admitting arrangement
Add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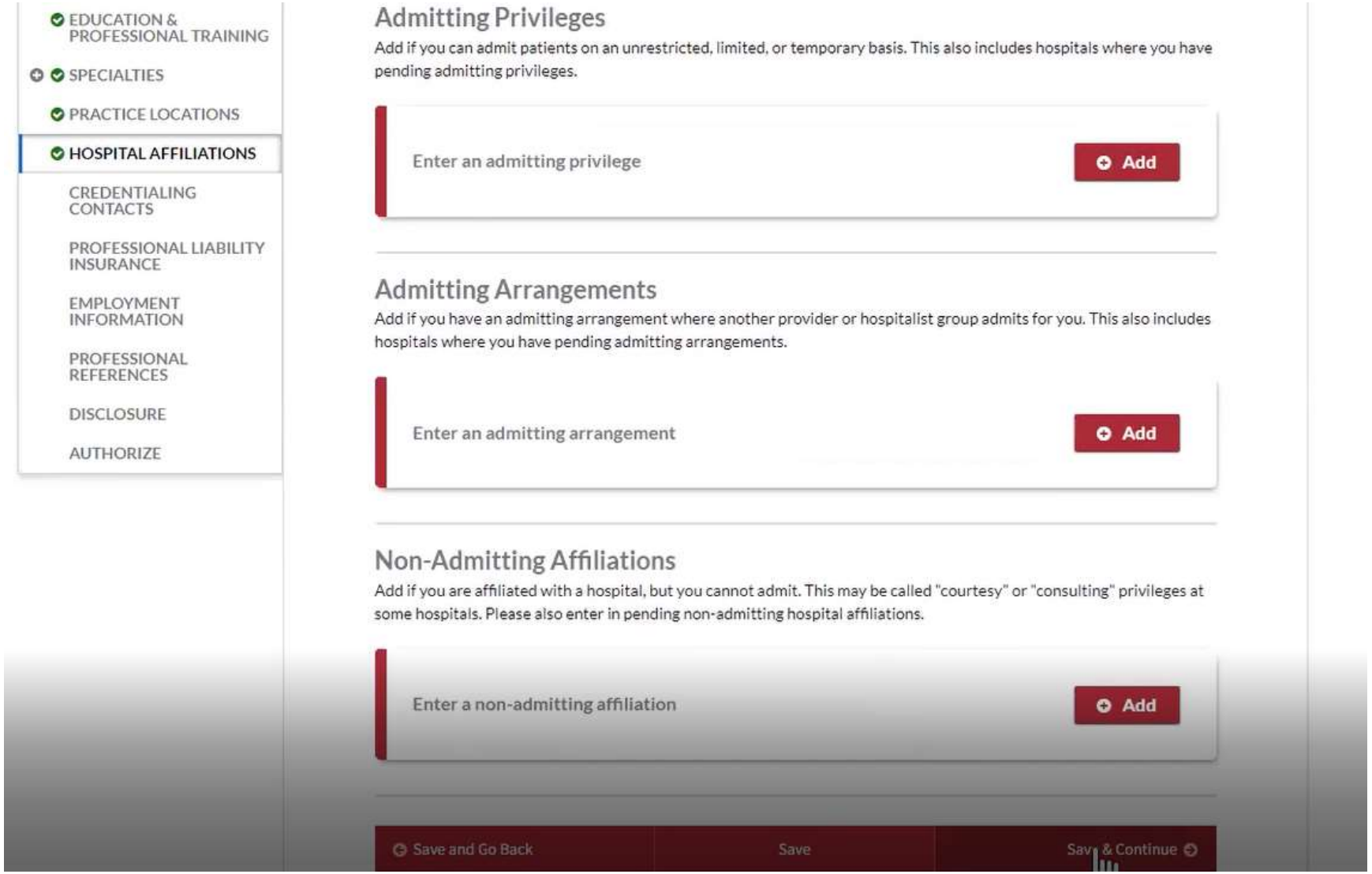
AUTHORIZE
Phone Numbers
* Appointment Phone Number
615-256-3023
I have a phone extension to add
Fax Number
Business Identifiers
Tax ID
Legal Business Name (as it appears on the W-9)
* Tax ID
Primary
* Type of Tax ID?
Group
Individual


EDUCATION & PROFESSIONAL TRAINING
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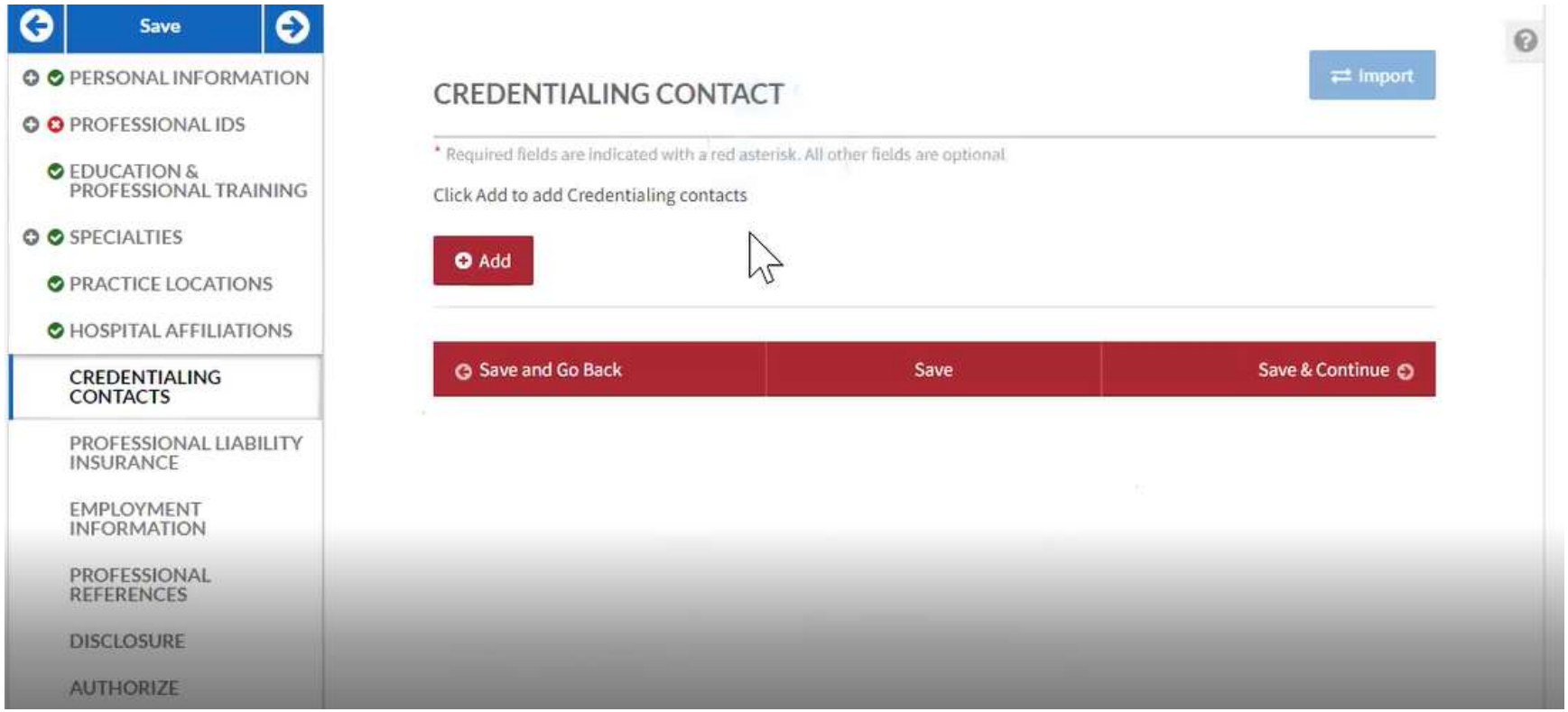
Admitting Privileges
Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes hospitals where you have pending admitting privileges.
Enter an admitting privilege
Add
Admitting Arrangements
Add if you have an admitting arrangement where another provider or hospitalist group admits for you. This also includes hospitals where you have pending admitting arrangements.
Enter an admitting arrangement
Add
Non-Admitting Affiliations
Add if you are affiliated with a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.
Enter a non-admitting affiliation
Add
Save and Go Back
Save
Save & Continue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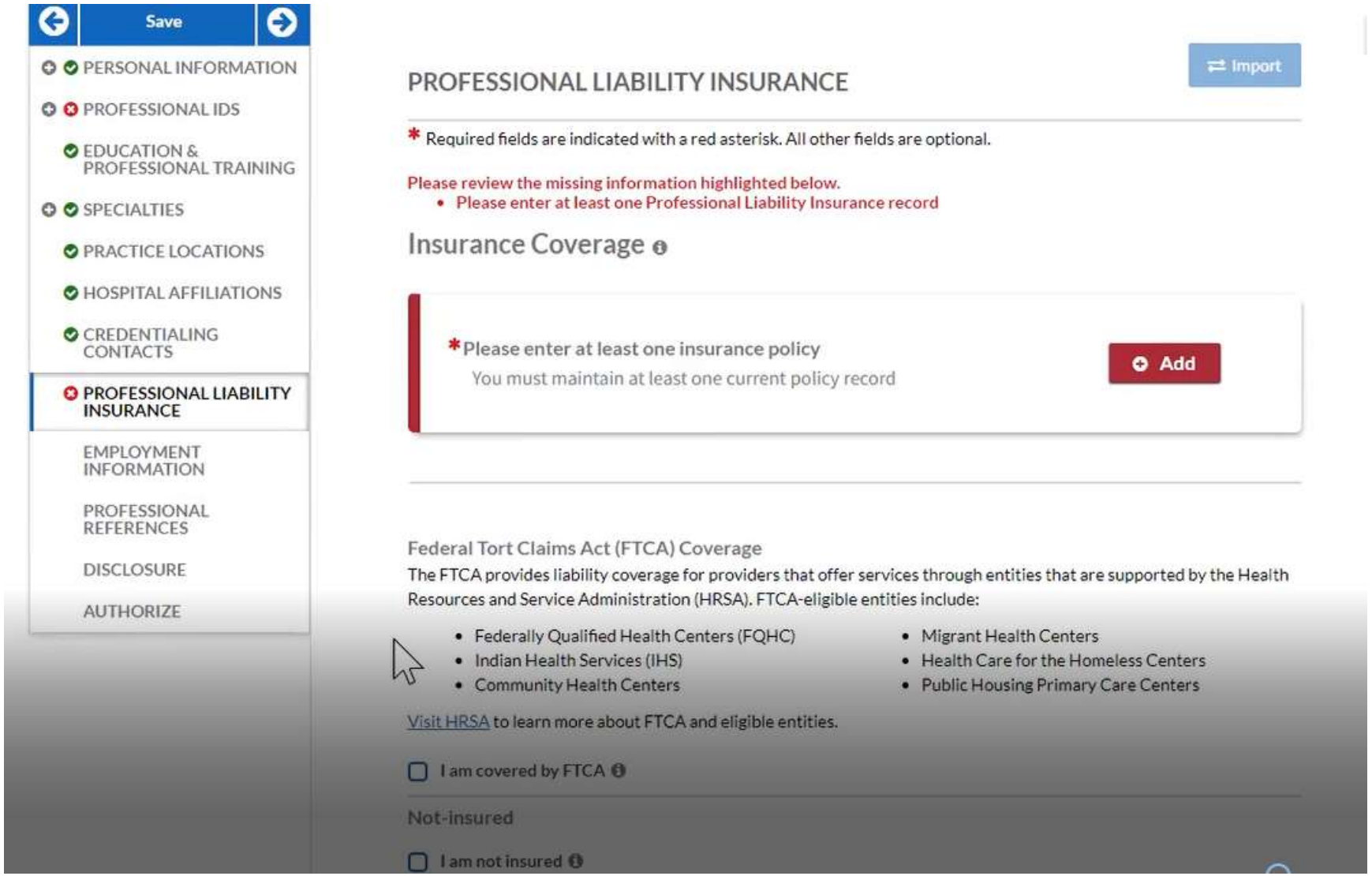
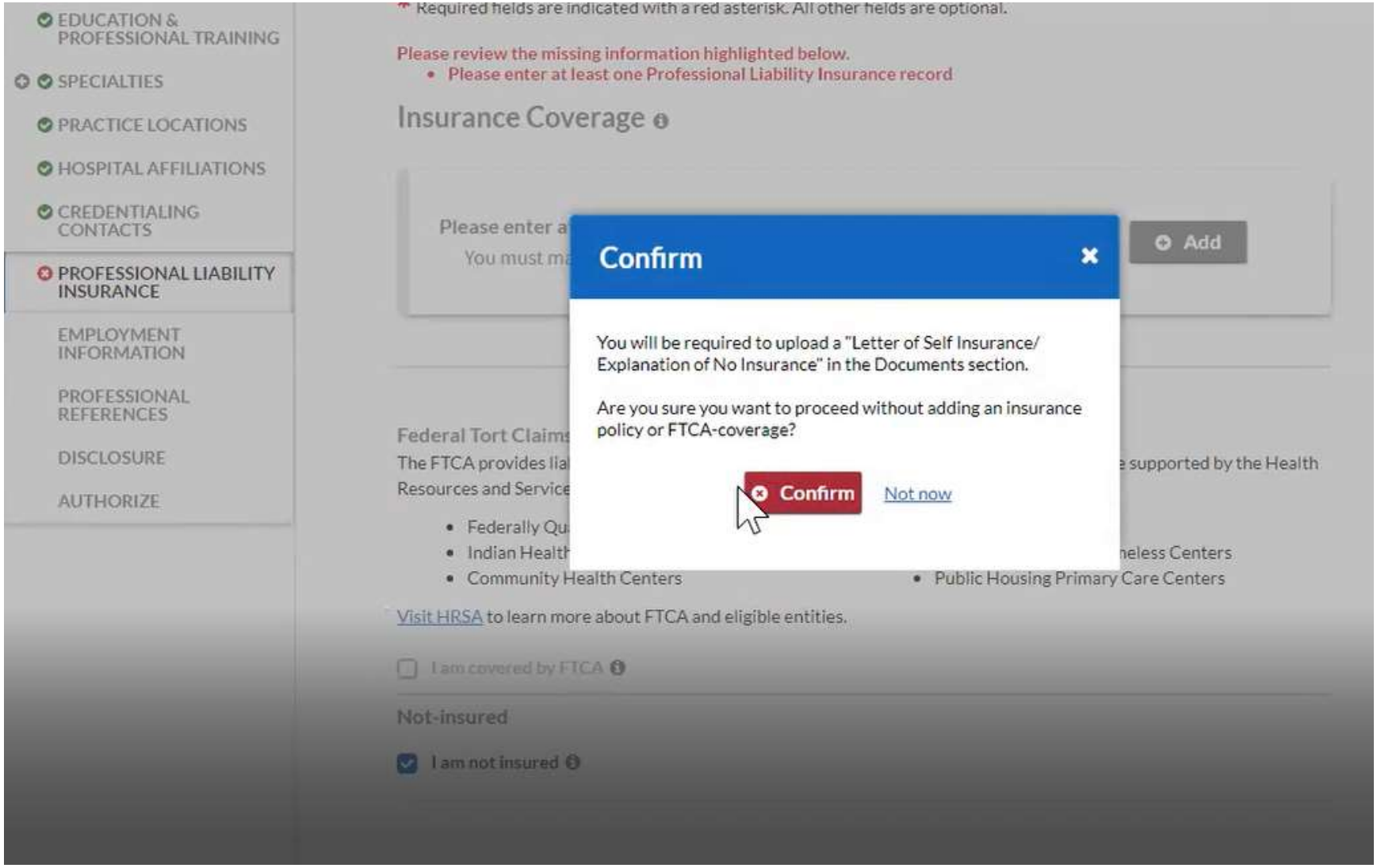
AUTHORIZE
CREDENTIALING CONTACT
Import
* Required fields are indicated with a red asterisk. All other fields are optional
Click Add to add Credentialing contacts
Add
Save and Go Back
Save
Save & Continue



If you select "I am not insured" this will pop-up:


EDUCATION & PROFESSIONAL TRAINING
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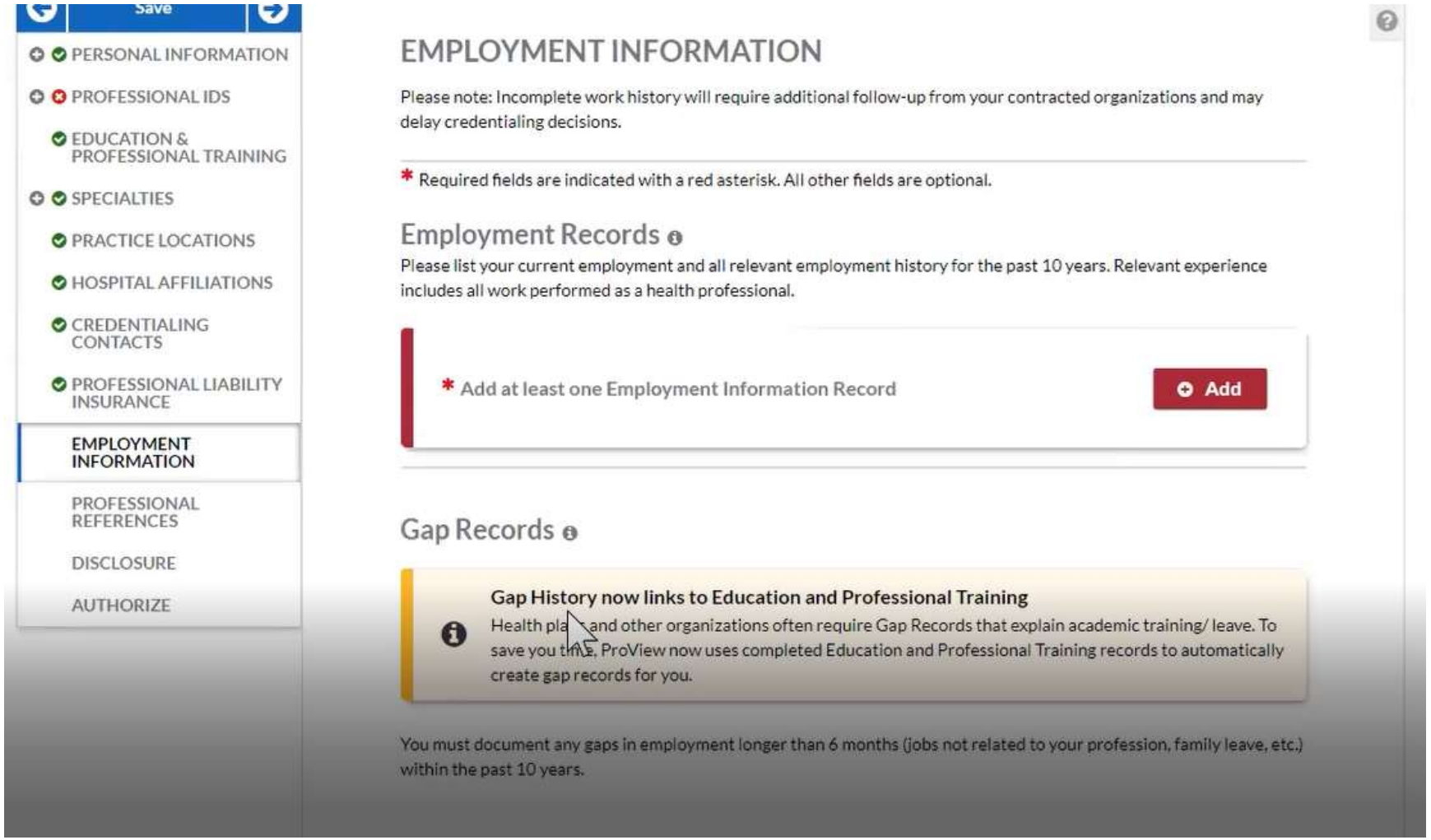
AUTHORIZE
Required fields are indicated with a red asterisk. All other fields are optional.
Please review the missing information highlighted below.
Please enter at least one Professional Liability Insurance record
Insurance Coverage
Add
Confirm
You will be required to upload a "Letter of Self Insurance/ Explanation of No Insurance" in the Documents section.
Are you sure you want to proceed without adding an insurance policy or FTCA-coverage?
Confirm
Not now
Federal Tort Claims
supported by the Health
Community Health Centers
Public Housing Primary Care Centers
Visit HRSA to learn more about FTCA and eligible entities.
I am covered by FTCA
Not-insured
I am not insured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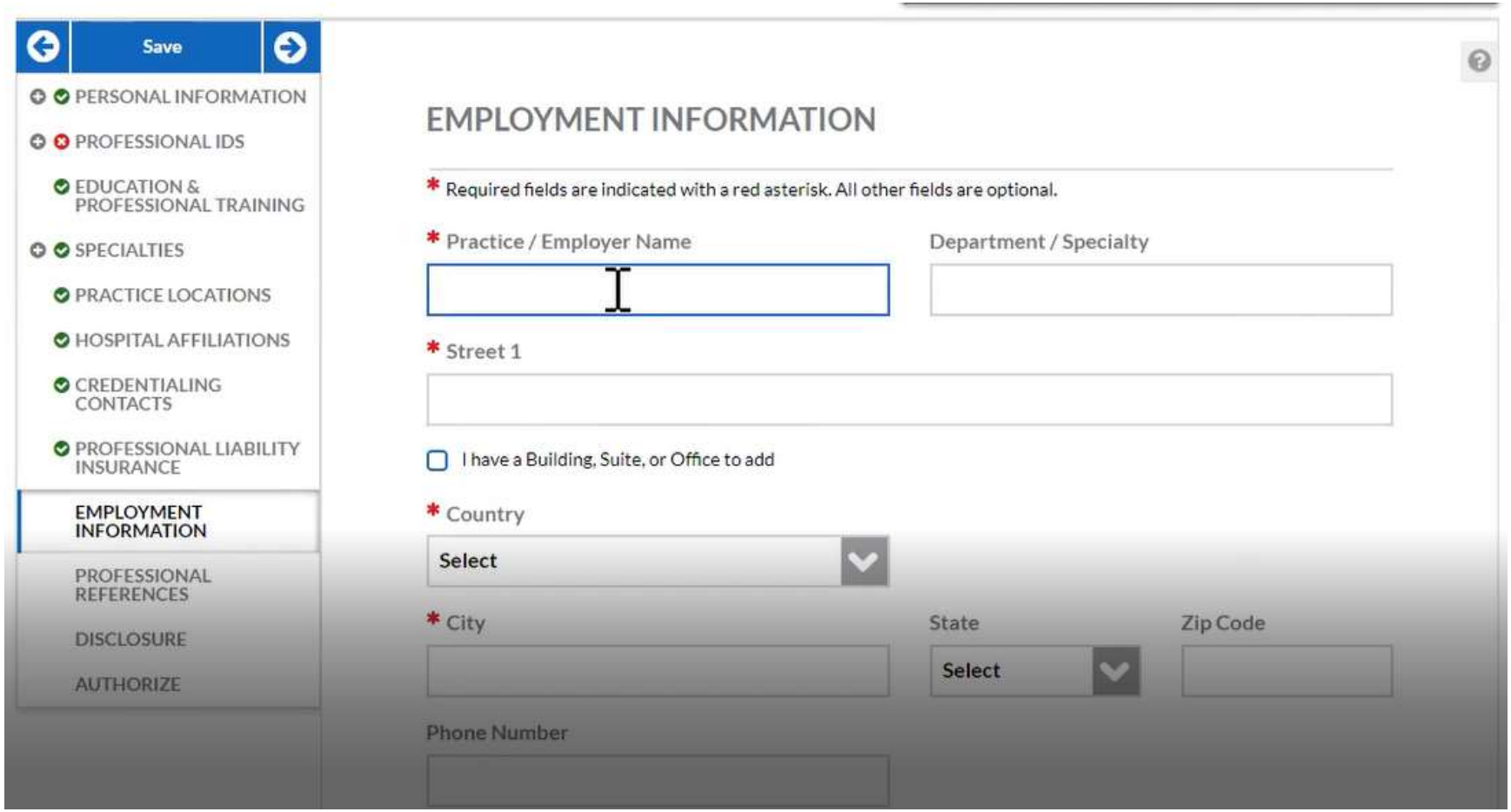
AUTHORIZE
EMPLOYMENT INFORMATION
Please note: Incomplete work history will require additional follow-up from your contracted organizations and may delay credentialing decisions.
* Required fields are indicated with a red asterisk. All other fields are optional.
Employment Records
Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.
* Add at least one Employment Information Record
Add
Gap Records
Gap History now links to Education and Professional Training
Health plans and other organizations often require Gap Records that explain academic training/ leave. To save you time, ProView now uses completed Education and Professional Training records to automatically create gap records for you.
You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.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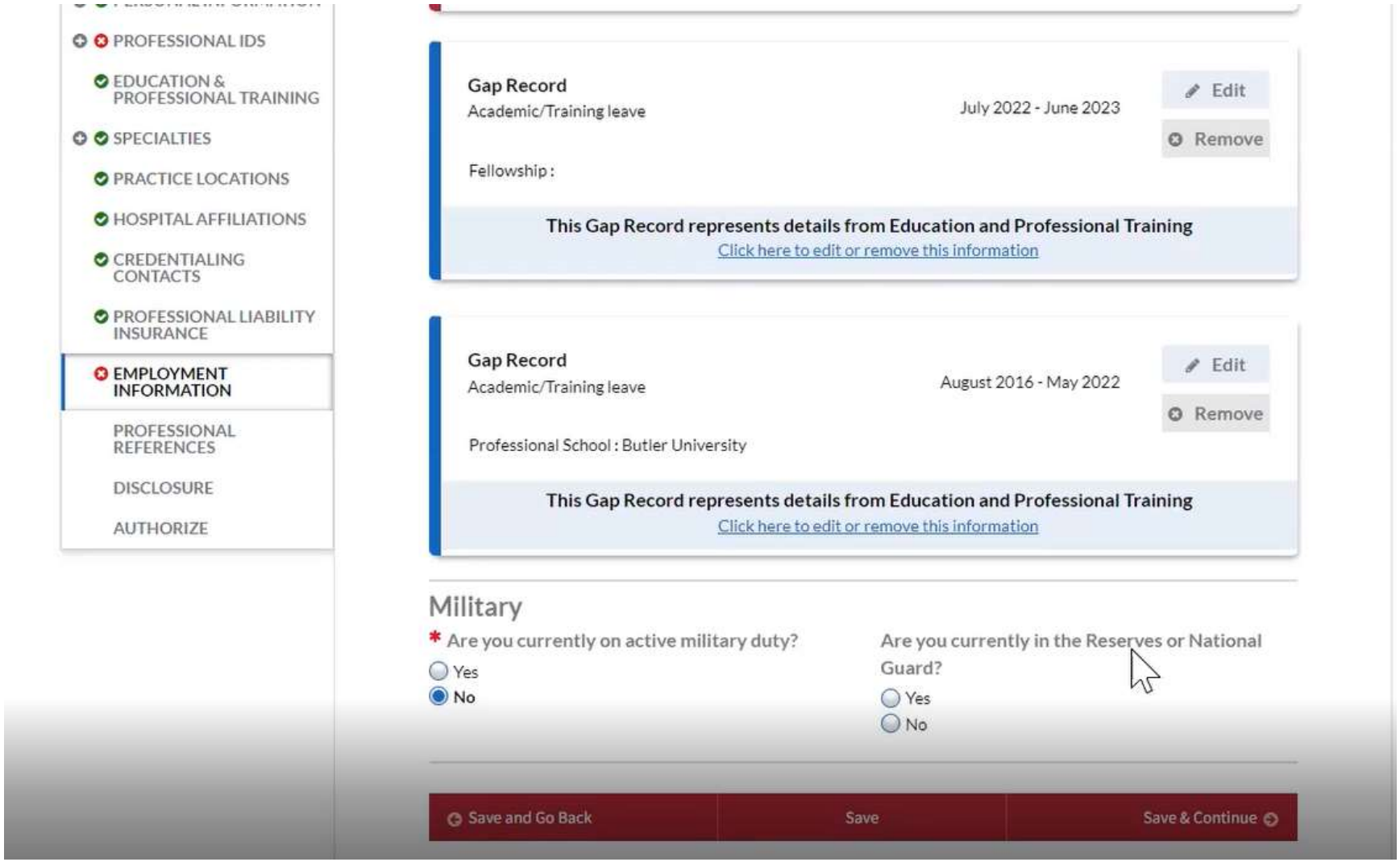
EMPLOYMENT INFORMATION
* Required fields are indicated with a red asterisk. All other fields are optional.
* Practice / Employer Name
Department / Specialty
* Street 1
I have a Building, Suite, or Office to add
* Country
Select
* City
State
Select
Zip Code
Phone Number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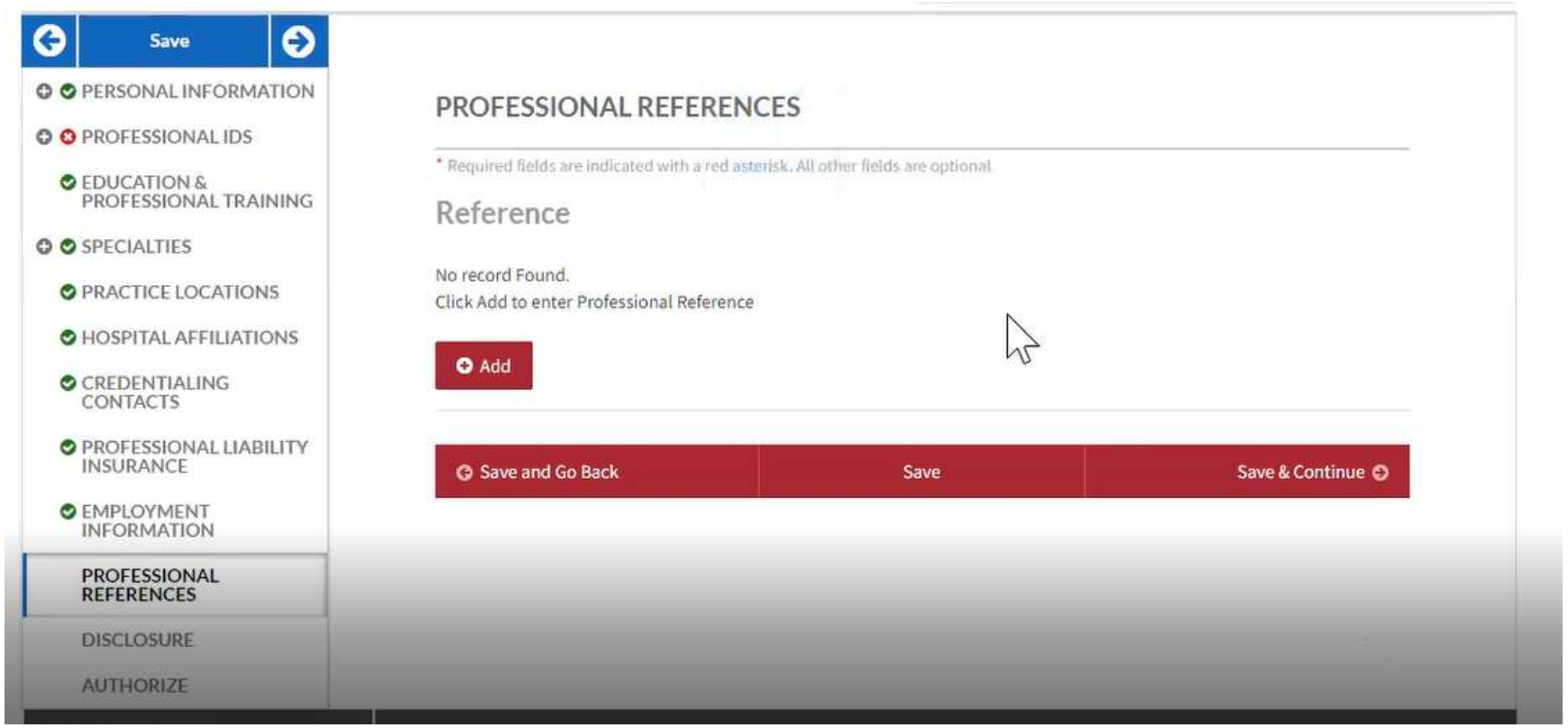
DISCLOSURE
AUTHORIZE
Gap Record
Academic/Training leave
July 2022 - June 2023
Edit
Remove
Fellowship :
This Gap Record represents details from Education and Professional Training
Click here to edit or remove this information
Gap Record
Academic/Training leave
August 2016 - May 2022
Edit
Remove
Professional School : Butler University
This Gap Record represents details from Education and Professional Training
Click here to edit or remove this information
Military
* Are you currently on active military duty?
Yes
No
Are you currently in the Reserves or National Guard?
Yes
No
Save and Go Back
Save
Save & Continue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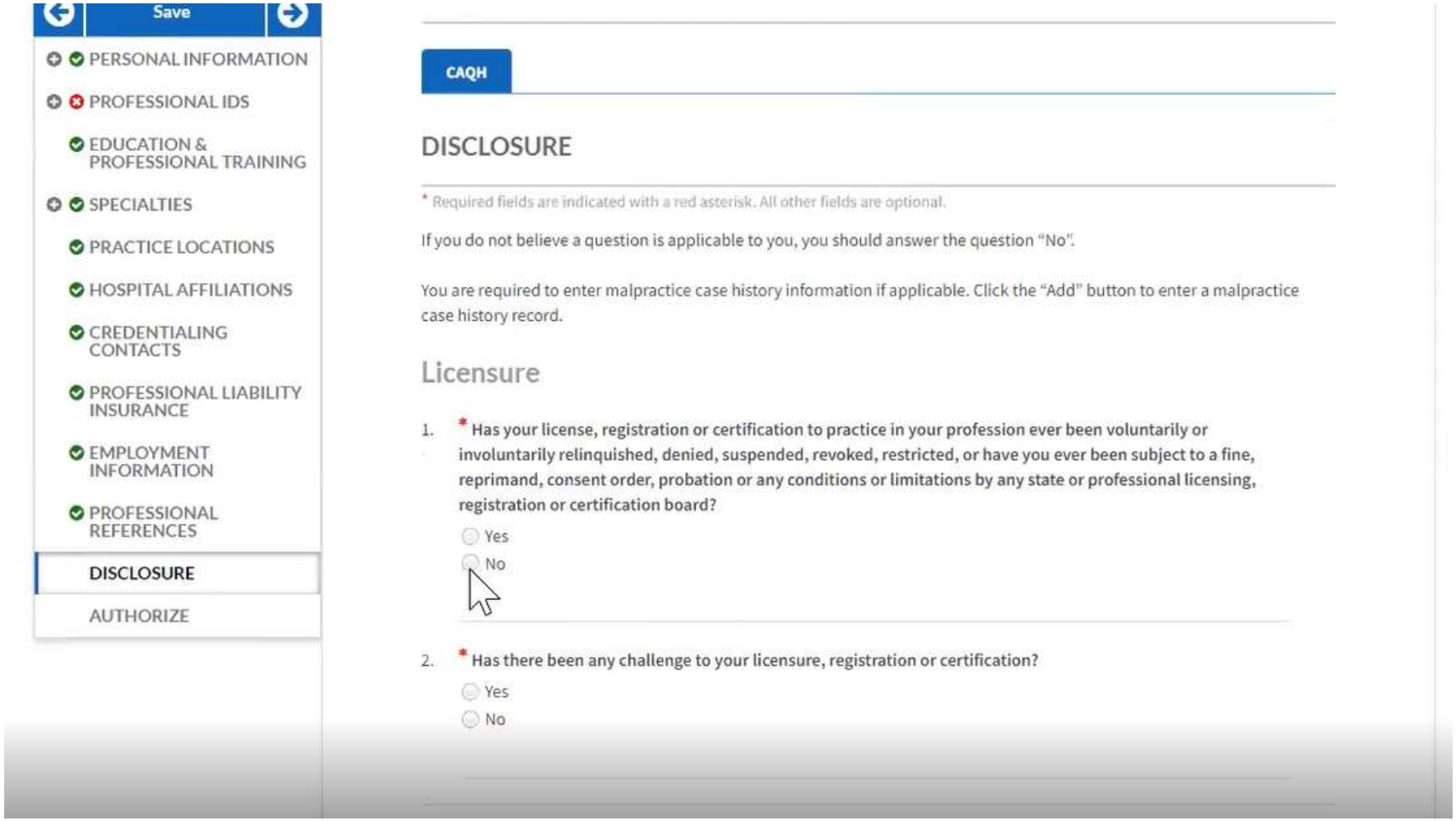
AUTHORIZE
PROFESSIONAL REFERENCES
* Required fields are indicated with a red asterisk. All other fields are optional.
Reference
No record Found.
Click Add to enter Professional Reference
Add
Save and Go Back
Save
Save & Continue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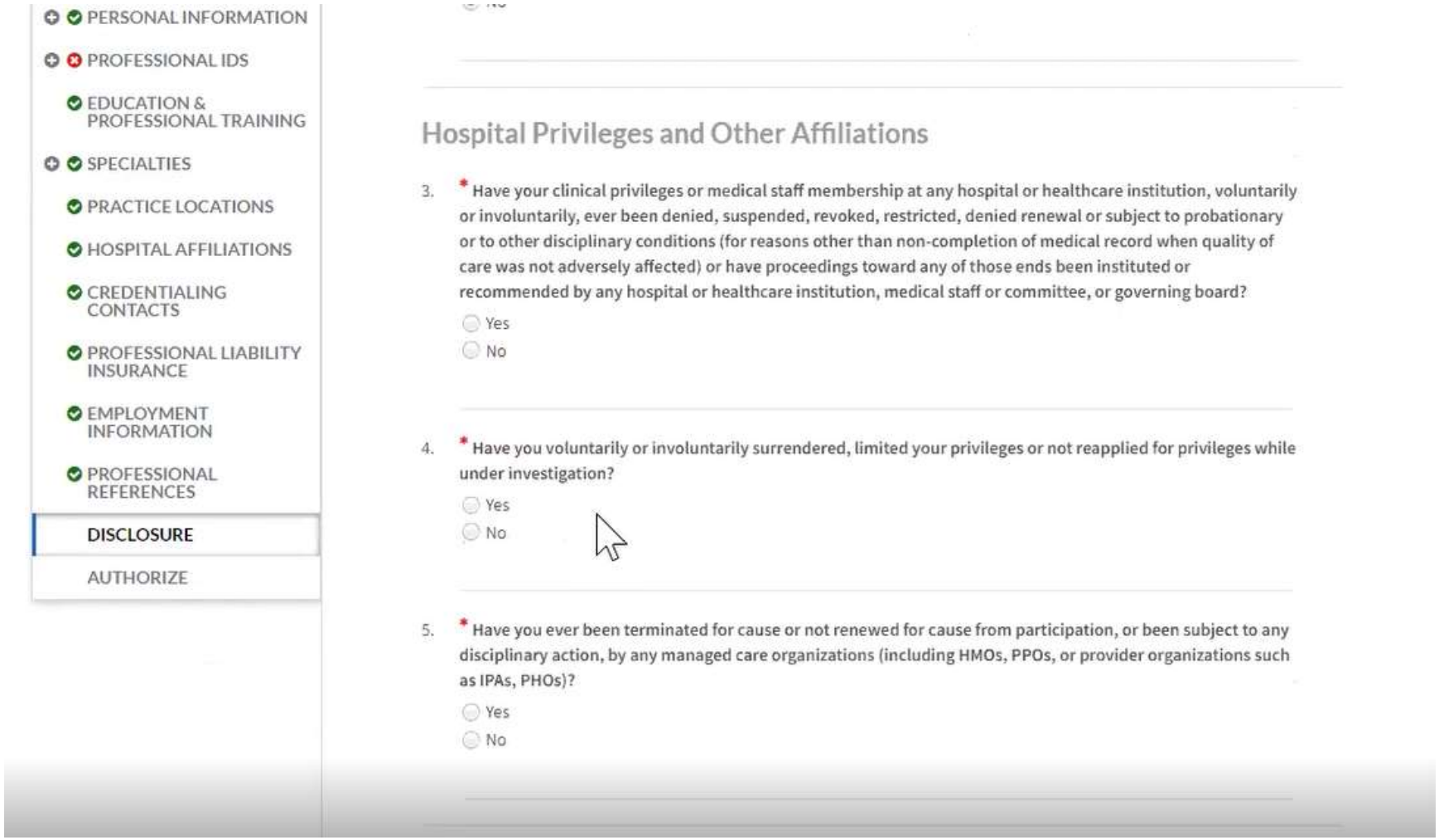
DISCLOSURE
AUTHORIZE
CAQH
DISCLOSURE
* Required fields are indicated with a red asterisk. All other fields are optional.
If you do not believe a question is applicable to you, you should answer the question "No".
You are required to enter malpractice case history information if applicable. Click the "Add" button to enter a malpractice case history record.
Licensure
1. * Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?
Yes
No
2. * Has there been any challenge to your licensure, registration or certification?
Yes
No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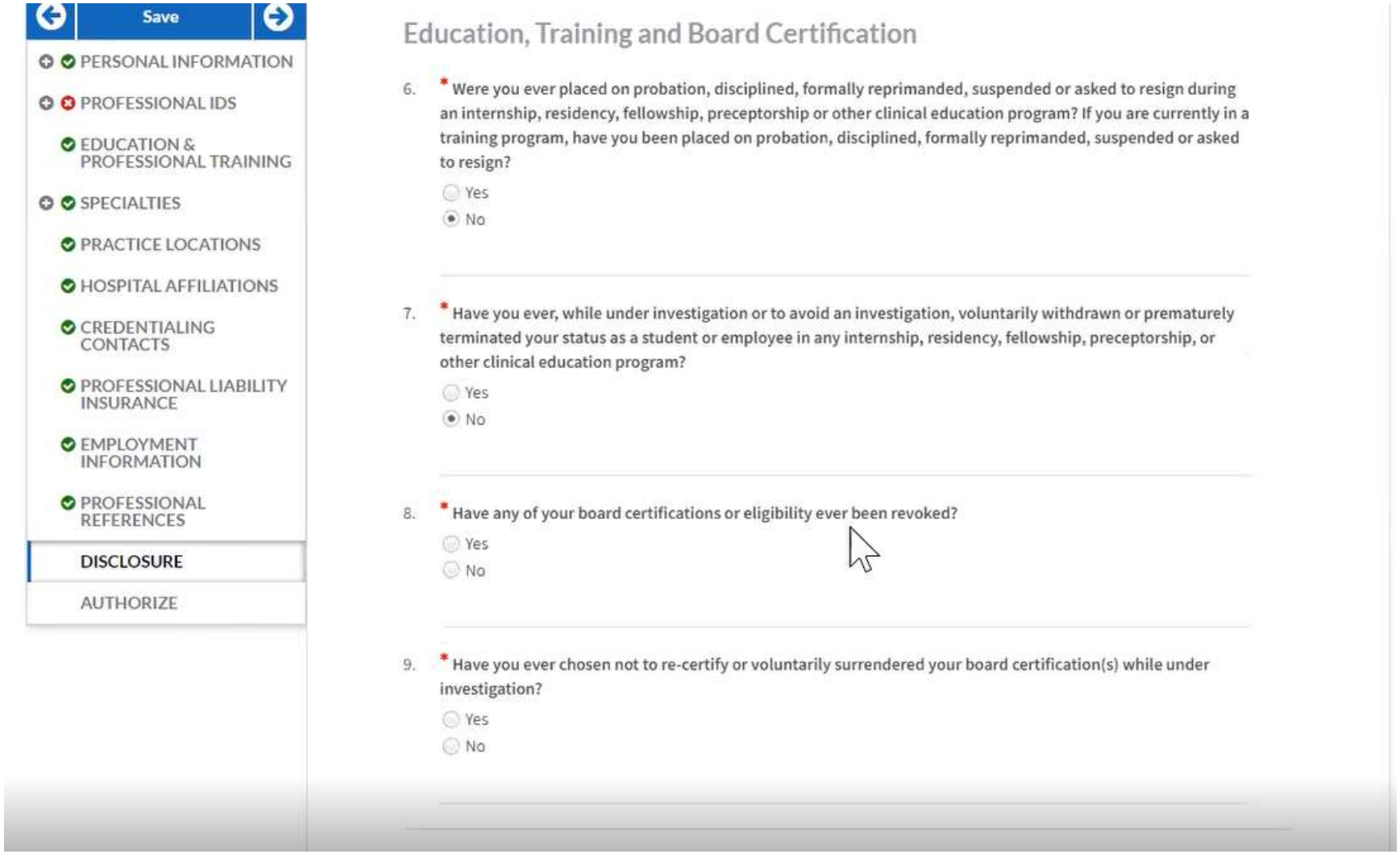
Hospital Privileges and Other Affiliations
3. * Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?
Yes
No
4. * Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?
Yes
No
5. * Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?
Yes
No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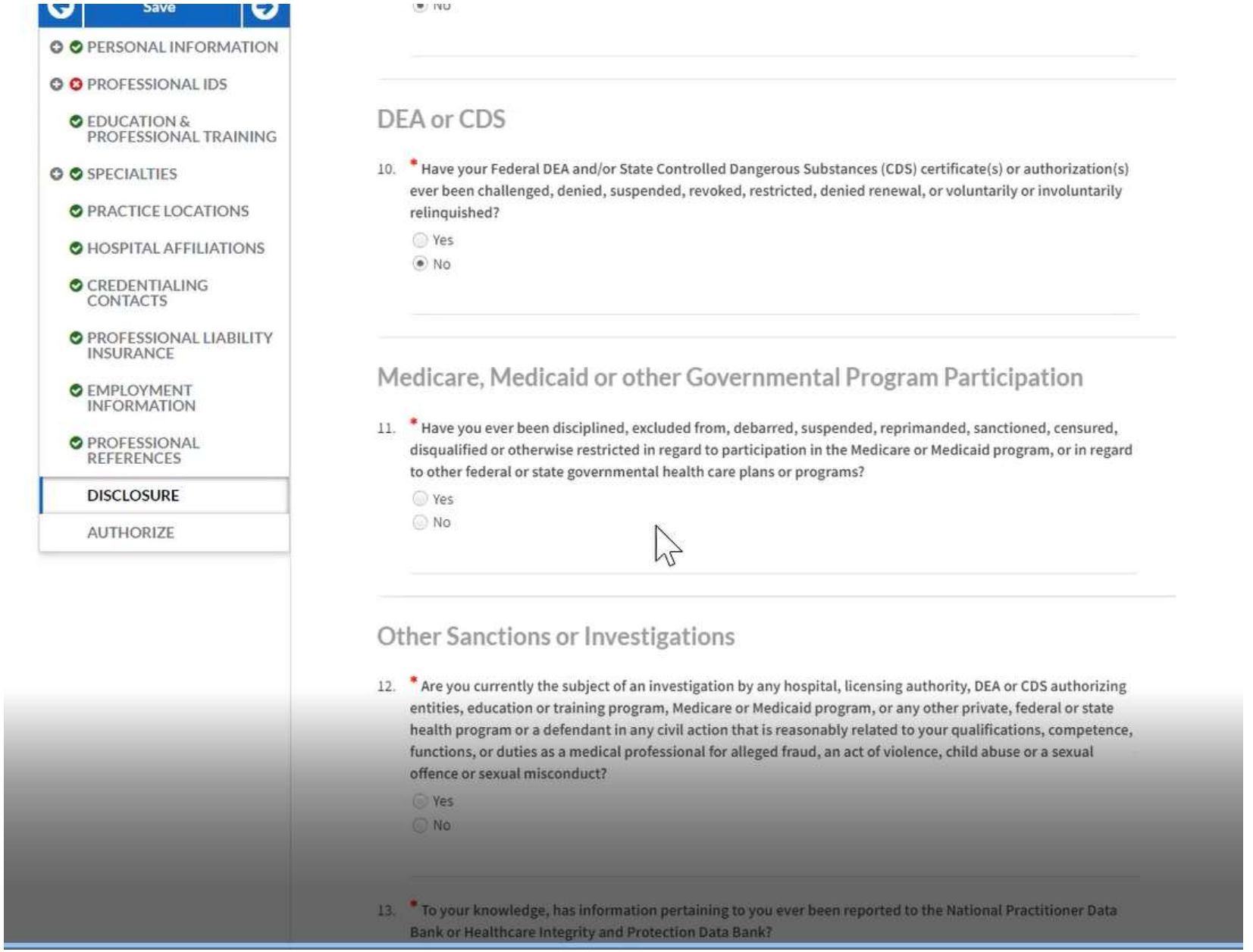
Education, Training and Board Certification
6. * Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?
Yes
No
7. * Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?
Yes
No
8. * Have any of your board certifications or eligibility ever been revoked?
Yes
No
9. * Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?
Yes
No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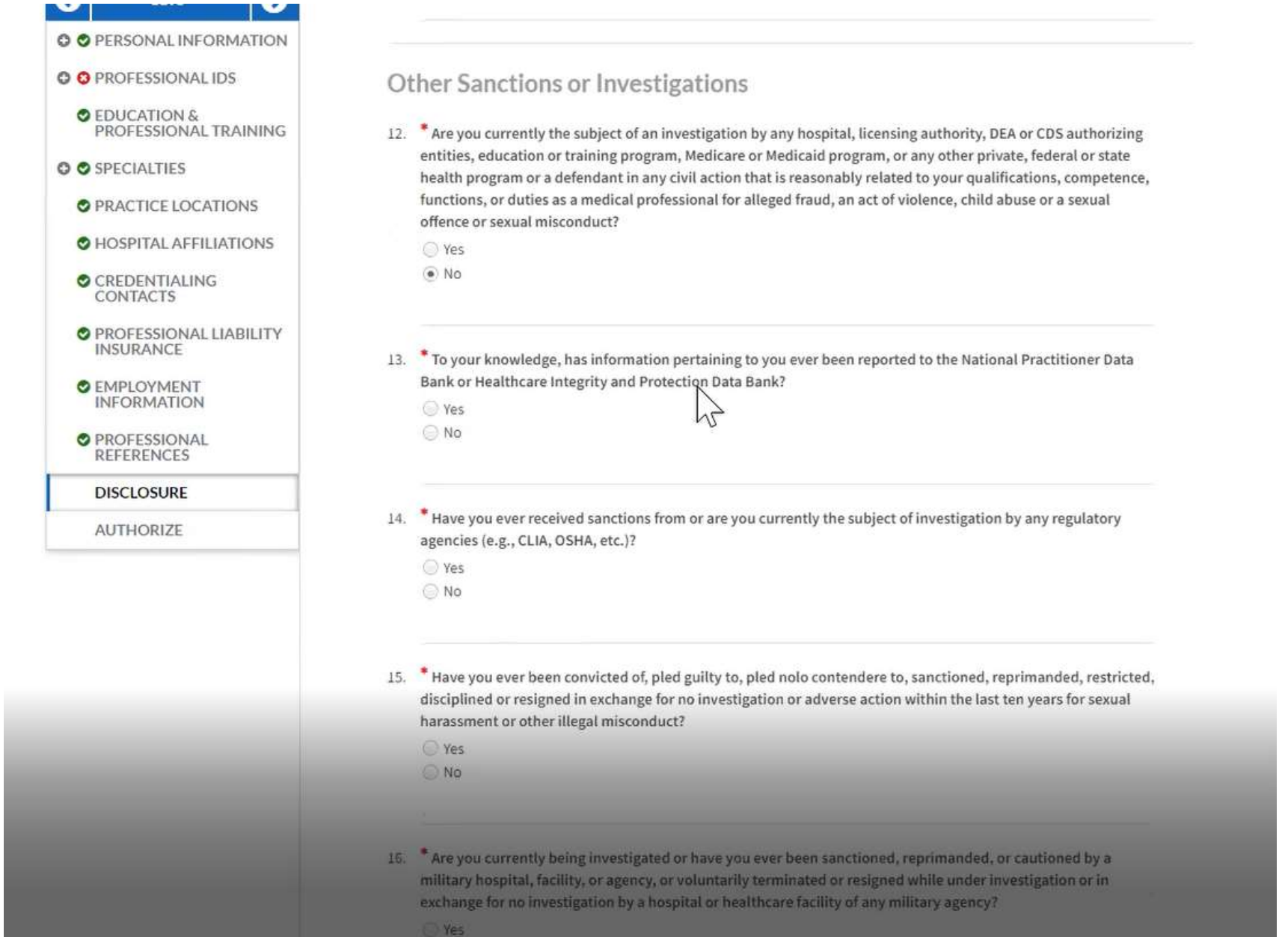
No
DEA or CDS
10. * Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?
Yes
No
Medicare, Medicaid or other Governmental Program Participation
11. * Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs?
Yes
No
Other Sanctions or Investigations
12. * Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offence or sexual misconduct?
Yes
No
13. * To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?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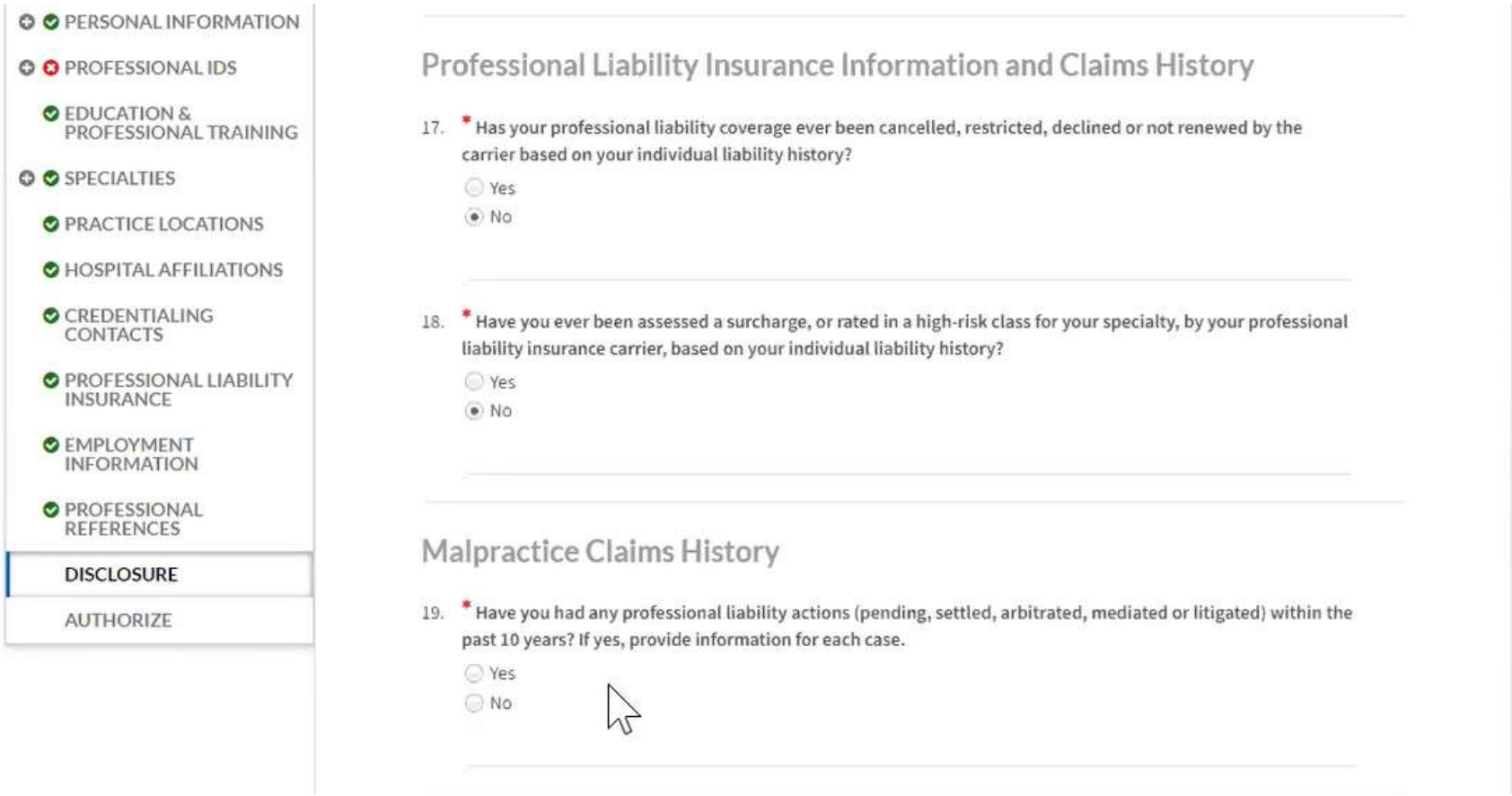
Yes
No
13. * To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?
Yes
No
14. * Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?
Yes
No
15. * Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?
Yes
No
16. * Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?
Yes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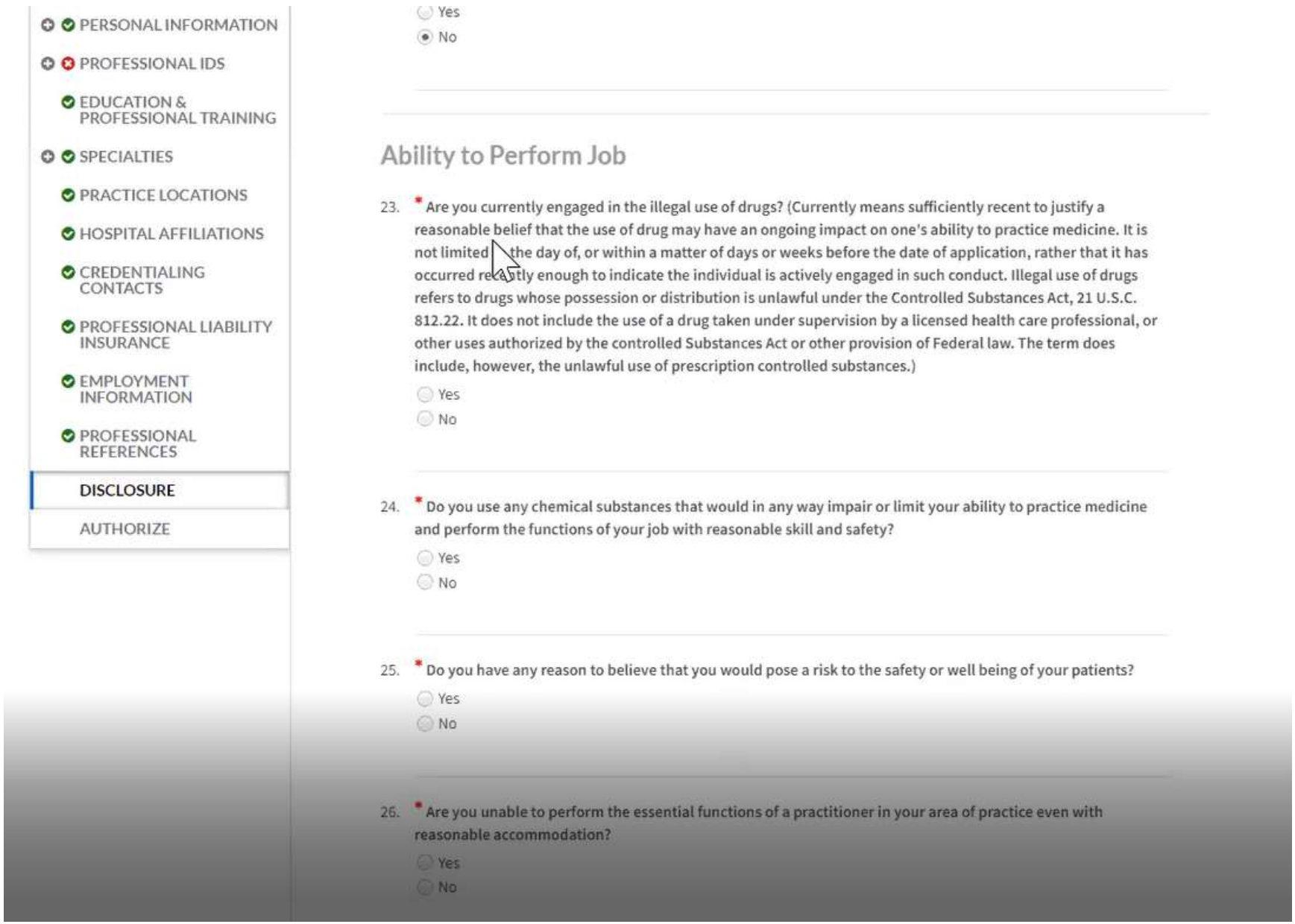
Professional Liability Insurance Information and Claims History
17. * Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?
Yes
No
18. * Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?
Yes
No
Malpractice Claims History
19. * Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? If yes, provide information for each case.
Yes
No

Criminal/Civil History*

20. * Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?
- (○) Yes
- (●) No

21. * In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offence or sexual misconduct?
- (○) Yes
- (○) No

22. * Have you ever been court-martialed for actions related to your duties as a medical professional?
- (○) Yes
- (○) No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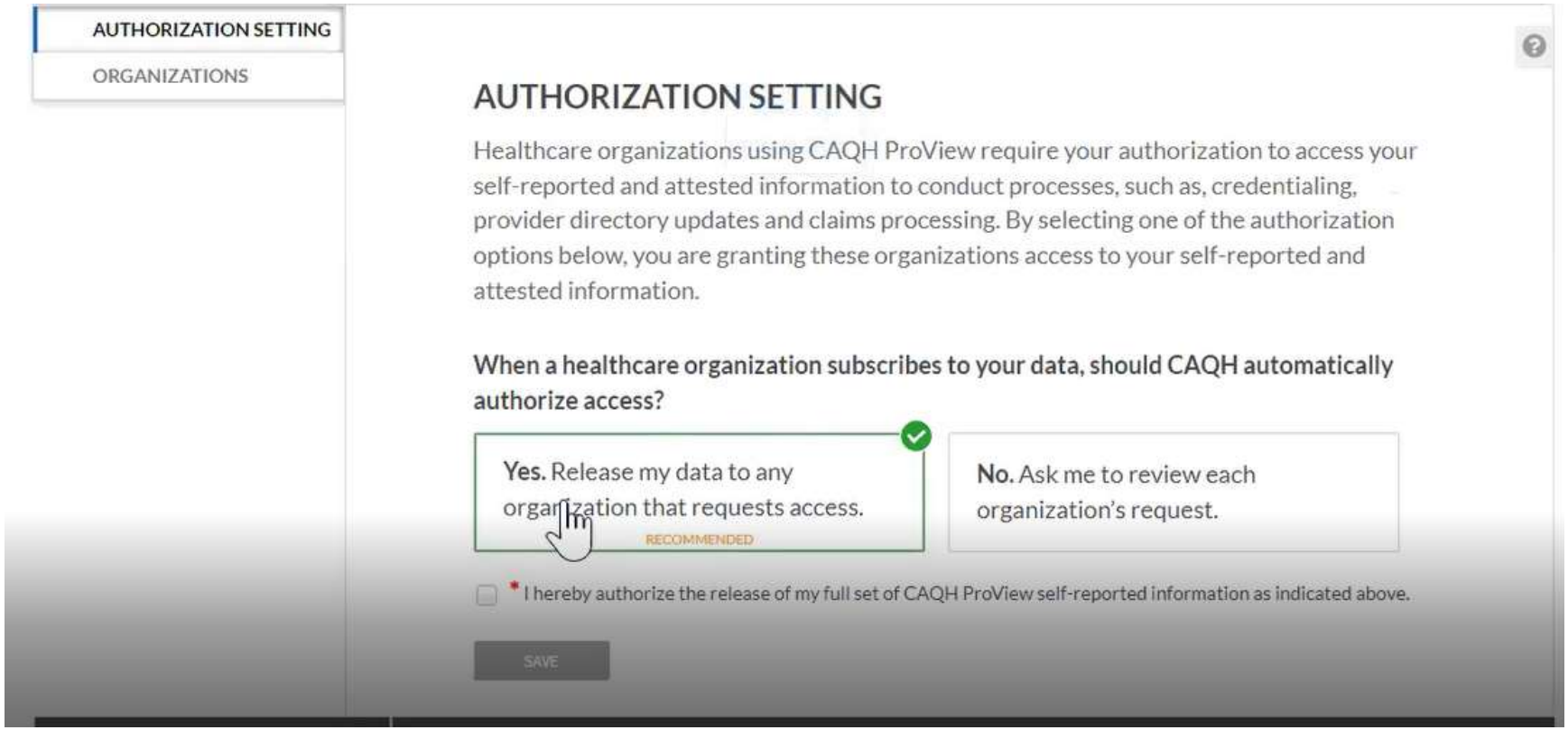
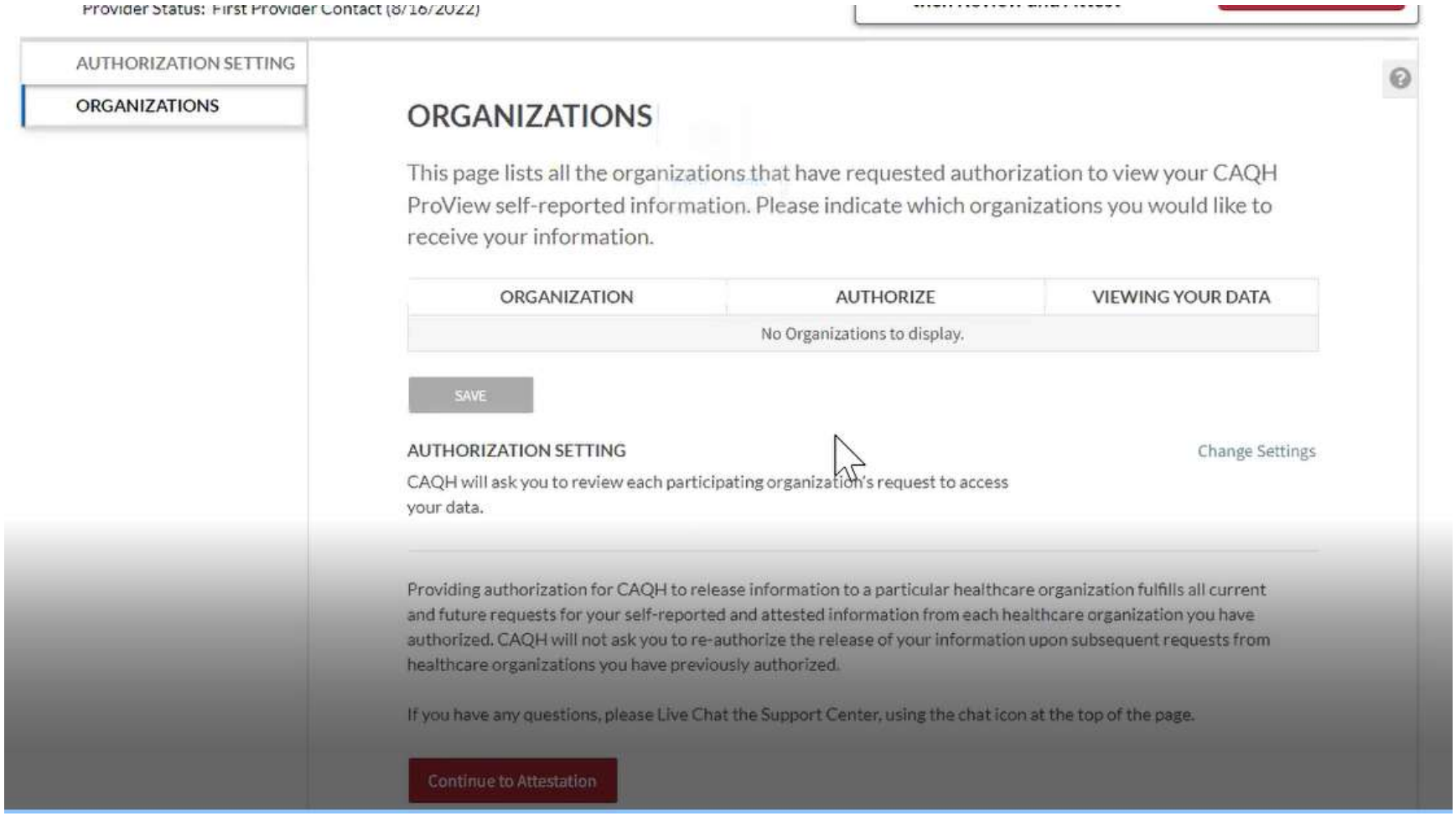
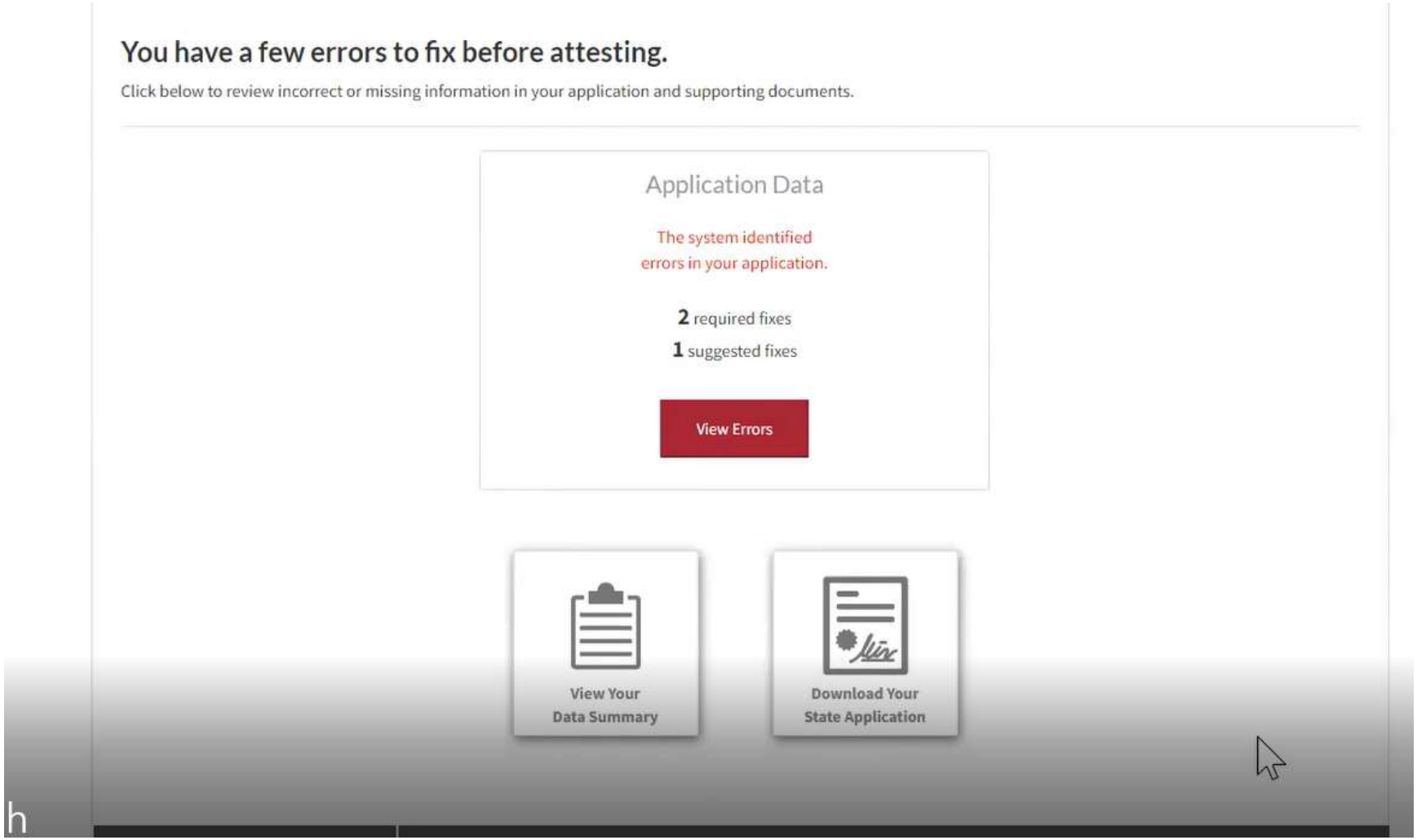
Yes
No
Ability to Perform Job
23. * Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. Illegal use of drugs refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)
Yes
No
24. * Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?
Yes
No
25. * Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?
Yes
No
26. * Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?
Yes
No



Click no or yes – whichever you prefer – of course click no if you want more privacy



Click continue to attestation


You have a few errors to fix before attesting.
Click below to review incorrect or missing information in your application and supporting documents.
Application Data
The system identified errors in your application.
2 required fixes
1 suggested fixes
View Errors
View Your Data Summary
Download Your State Application