



CAQH Provider Data Form

FEI Behavioral Health subscribes to the Council for Affordable Quality Health Care (CAQH) to streamline the credentialing/re-credentialing process. There is no cost to providers to submit their applications and participate with CAQH.

If you are not enrolled with CAQH:

Please fax the below Provider Data Form and Clinician Profile to FEI Behavioral Health at 414-359-1973, Attention: Provider Relations. Once a CAQH provider ID is assigned, FEI will then forward your CAQH ID back to you. Then you can register either at the CAQH website located at www.caqh.org or call the CAQH help desk at 888-599-1771 to request an application by mail and fax it back to toll-free number.

To begin your credentialing process, please use this simple, standardized form.

DATE:				
Last Name:		First Name:		Middle Initial:
Date of Birth:		Primary Telephone No.:		
Primary Office Street Address:			Suite #:	
Primary Office City:		State:	County:	Zip:
Provider Type (PhD, LCSW, LPC, MFT, ect) :				
Are you registered with CAQH? Yes No		If Yes, CAQH Provider ID:		

If you are not registered with CAQH, please provide the following additional information, which is necessary to register you with the CAQH Universal Credentialing DataSource.

Primary Fax No.:		Email Address:		
State License No.:		Licensed State:		
Mailing Address:			Ste #:	
City:		State:	County:	Zip:

Note: If you have already completed your application with CAQH, please ensure that you have authorized all applicable organizations to access your data. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with FEI Behavioral Health.