

CAQH APPLICATION QUESTIONNAIRE:

PERSONAL INFORMATION

1. NAME & LAST NAME _____

2. DOB _____

3. BIRTH CITY _____

4. BIRTH STATE _____

5. BIRTH COUNTRY _____

6. SOCIAL SECURITY # _____

7. HOME ADDRESS _____

8. PHONE# _____

PROFESSIONAL ID'S -

9. STATE / MEDICAL LICENSE # _____ LICENSE TYPE _____

EDUCATION

SCHOOL INFORMATION:

10. NAME & ADDRESS OF PROFESSIONAL SCHOOL

11. DEGREE _____

12. SCHOOL START DATE _____

13. SCHOOL END DATE _____

UNDERGRADUATE SCHOOL:

SCHOOL NAME & ADDRESS:

14. DEGREE _____

15. SCHOOL START DATE _____

16. SCHOOL END DATE _____

OTHER RELEVANT EDUCATION:

17. DO YOU HAVE OTHER RELEVANT EDUCATION FOR WHICH A DEGREE WAS OBTAINED? YES OR NO

18. IF YES, NAME OF SCHOOL _____

19. ADDRESS _____

20. DEGREE _____

21. START DATE _____

22. END DATE _____

PROFESSIONAL TRAINING:

INTERNSHIP OR RESIDENCY

23. STATE _____

24. INSTITUTION / HOSPITAL NAME _____

25. DEPARTMENT _____

26. ADDRESS _____

27. PROGRAM DIRECTOR NAME _____

28. START DATE _____ END DATE _____

29. AFFILIATED UNIVERSITY

30. ANY ADDITIONAL INTERNSHIP PROGRAM?

31. FELLOWSHIP: YES OR NO

SPECIALTY

31. PRIMARY SPECIALTY _____

32. BOARD CERTIFIED YES OR NO

33. SECONDARY SPECIALTY _____.

PROFESSIONAL LIABILITY INSURANCE - ARE YOU INSURED? YES OR NO

34. IF YES, NAME AND ADDRESS OF CARRIER., (NEED COPY OF POLICY)

WORK HISTORY

NEED BOTH CURRENT AND PRIOR HISTORY FOR THE PAST 10 YEARS

PLEASE SEND ME A CURRICULUM VITAE (RESUME) FOR THIS SECTION. I CAN GET THE INFO FROM THERE.

PROFESSIONAL REFERENCES - NEED 3 REFERENCES NOT COLLEAGUES IN YOUR OWN PRACTICE GROUP OR RELATIVES

35. NAME _____

LAST _____

PROVIDER TYPE _____

ADDRESS _____

PHONE _____

FAX _____

36. NAME _____

LAST _____

PROVDER TYPE _____

ADDRESS _____

PHONE _____

FAX _____

37. NAME _____

LAST _____

PROVIDER TYPE _____

ADDRESS _____

PHONE _____

FAX _____

THIS IS IT. PLEASE ANSWER TO THE BEST OF YOUR ABILITY.

THANKS

YENIS MARTINEZ

GLOBAL MEDICAL BILLING SERVICES INC

CAQH DOCUMENTS NEEDED

- 1. CV – CURRICULUM VITAE**
- 2. MEDICAL LICENSE**
- 3. DEA LICENSE**
- 4. MALPRACTICE FACESHEET**

