

Provider Add Form

You may receive a phone call or email requesting confirmation of the below information.

Provider Information

Start Date

	Last	First	Middle
Name			
Generational Suffix		Professional Suffix	
Specialty			
Indiv NPI		DOB	Gender
License Number		License State	CAQH ID

Practice Information

Practice Name			
Group NPI		Tax ID	
Contact Name		Title	
Email		Phone	

New Physical / Service Address

Street				
City		State		Zip
Phone		Fax		

New Billing Address

Street				
City		State		Zip
Phone		Fax		

If you have any questions or concerns, please reach out to the credentialing department at (406) 523-3136, option 4 or Credentialing@AskAllegiance.com.