Provider Data Form

Date of Request: _____

OFFICE INFORMATION

Entity Type: PCP ☐ Specialty ☐ Ancillary ☐ FQHC/RHC/IHS ☐

Exact Name of Organization (W9): _____

Office Name (Name above the door): _____

Group NPI (Organizational): _____Tax ID #: _____

Specialty: _____Subspecialty: _____

Will you provide service outside of your immediate service area? Yes ☐ No ☐

If Yes, (County or City): _____

PRIMARY ADDRESS / BILLING INFORMATION

Is the Billing Address the same at the Primary Address? Yes ☐ No ☐

Primary Address: _____
Address

_____ _____ _____
City State Zip

Telephone #: _____ Fax #:_____

Billing Address: _____
Address

_____ _____ _____
City State Zip

Telephone #: _____ Fax #:_____

Credentialing Contact: _____

Telephone #: _____ Email: _____

Contracting Contact: _____

Telephone #: _____ Email: _____

PRACTICE REQUIREMENTS

Age Limitation?	◉ No ○ Yes / Ages_____
CCS Paneled?	◉ No ○ Yes / Ages_____
Forms needed prior to referral	☐ Consent Form ☐ Pictures ☐ Questionnaire Other_____ _____
Imaging needed prior to referral	☐ X-Ray ☐ CT ☐ MRI ☐ PET SCAN Other:_____ _____
Diagnostics/Labs needed prior to referral	☐ CBC ☐ CMP ☐ EKG ☐ INR ☐ UA Other:_____ _____
Clinical notes and conservative treatment requirements from Referring provider	
Specific Consult/Visit Codes needed for Requested Services	99201 ☐ 99202 ☐ 99203 ☐ 99204 ☐ 99205 ☐ 99241 ☐ 99242 ☐ 99243 ☐ 99244 ☐ 99245 ☐
Other Requests	

CAQH Provider Roster
Physicians and Midlevel Physicians

If you participate in CAQH, complete the table with each physician, midlevel physician, and/or independent contractor who will provide services under your Provider Service Agreement. **NOTE**: Please ensure all information on CAQH is complete, updated, and you have authorized River City Medical Group to access your data.

If you are not enrolled in CAQH and wish to do so, please visit CAQH at https://proview.caqh.org/PR/Registration and follow the steps. The CAQH Support Desk can be reached directly at 1-888-599-1771 Monday - Thursday 7AM - 9PM ET and Friday, 7am - 7PM ET.

If you chose **not** to participate in CAQH, please contact the RCMG Credentialing Department at credentialing@rcmg.com to receive a credentialing application.

Provider Name	Provider Type PCP,SCP, EXT	Specialties	License No.	NPI No.	CAQH ID