

The purpose of the CAQH ProView Application is to eliminate the need for individual credentialing applications for each individual insurance company and allows electronic access to the credentialing documents.

**Mail:**  
CareFirst BlueCross BlueShield  
Dental Provider Networks and Credentialing  
10455 Mill Run Circle, Mailstop RRS-130  
Owings Mills, MD 21117

**Telephone:** 443-921-0676  
**Fax:** 410-720-5080  
**Email:** dentalcontracting@carefirst.com

If you have a CAQH ID #, enter here:

*Please review your application in CAQH to be sure all information, including all required attachments (License, DEA, CDS, Malpractice Insurance) and attestation are up to date.*

### INSTRUCTIONS

- Step 1:** Go to **CAQH ProView** (<http://proview.caqh.org>) and complete the online credentialing application if you have not done so in the past 90 days.
- Step 2:** Complete this form and fax it to Dental Provider Networks & Credentialing at 410-720-5080.
- Step 3:** CareFirst will begin the credentialing/re-credentialing process.

### INDIVIDUAL PERSONAL INFORMATION

|   |  |                   |  |       |
|---|--|-------------------|--|-------|
| Last Name                               |  | First Name        |  | M.I.  |
| Date of Birth (mm/dd/yyyy)<br>/ /       |  | Social Security # |  |       |
| Degree                                  |  | License #         |  | State |
| Practice Name                           |  |                   |  |       |
| NPI #                                   |  |                   |  |       |
| Street Address                          |  |                   |  |       |
| City                                    |  | State             |  | ZIP   |
| Telephone<br>Mobile      Home      Work |  |                   |  |       |
| Fax #                                   |  | Email             |  |       |
| Tax Identification #                    |  |                   |  |       |