Credmax
Provider Data Management

Request for CAQH Profile Management

Please use this form to request that a Provider or GROUP of Providers have their CAQH Profiles managed for compliance, updated as needed and re-attested every 120 days.

Group Tax ID	Group Name	Today's Date:

Please mark the update you are requesting and complete the corresponding section of the form.

☐ Provider CAQH Profile Management ☐ Provider Group CAQH Profile Management

Requesting CAQH Profile Management				
Provider First Name	Provider Last Name	CAQH ID	CAQH Username	CAQH Password