



All Offices:
(919) 651-8401



Online:
AllianceHealthPlan.org

Date of Request: _____

Agency Name requesting to add clinician:

Agency Practice Address:

Clinician's Name *(as it appears on professional license)*:

Clinician's Email: _____

Is Clinician currently credentialed with Alliance? Yes No

Applicable License Type(s) *(list all)*: _____

License Number(s) *(list all)*: _____

NPI Number: _____

Is Clinician registered with CAQH?

Yes *(Provide Number)*: _____

No *(Provide Date of Birth to receive registration information)*: _____

Hire Date (for HOSPITALS ONLY): _____

Name of Person Submitting Request: _____

Contact Email *(where application will be sent)*: _____

Please complete request and email to: ProviderNetwork@alliancehealthplan.org



ACCREDITED
Health Call Center
Expires 01/01/2020



ACCREDITED
Health Network
Expires 01/01/2020



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Health
Utilization
Management
Expires 01/01/2020