



Request for Service form

This form provides a method of communicating your credentialing needs to us and acts as a request for services per your Credentials Service Agreement. Please take a moment to review, complete, sign and return the form to us along with the Provider Application, to initiate processing. You will receive confirmation of receipt of these items within 2 business days. Thank you for choosing Cenevia for your credentialing needs! **If form is not completed entirely, the process will not begin until the form is deemed complete**

Please tell us about the provider:

Name: _____ Start Date: _____

Full Time _____ Part-time _____ (If we are not to contact the provider, please check this box)

Is this provider starting practice for the first time moving from another state where he/she was/is previously in practice
 currently practicing in state and changing practices

Level of Service Requested: (Check all that pertains to this provider)

- Primary Source Verification **New Provider to both Cenevia and You (Initial Appointment)**
- Primary Source Verification **Established Provider New to Cenevia Established for You**
- Reappointment Application **Established Provider for Cenevia and You**
- Comprehensive **Provider Enrollment and Primary Source Verification**
- Provider Enrollment Only

Does this provider participate with the CAQH? Yes No If yes, must provide user name and password

If Comprehensive or Application Completion, please provide us with a list of the health plans to be completed for this provider:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Add additional sheet if needed

By signing below, you indicate that you are authorized to order the services requested above for this provider. Please understand once work begins, you may not change the level of service requested to a “lesser” service as we begin investing time from the moment the request is received.

Signed: _____ **Date:** _____

Print Name: _____

For Internal Use Only: Request Received on: _____ by: _____ Confirmation sent to requestor on: _____ by: _____
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