

NWGPA

NORTHWEST GEORGIA PHYSICIANS

A S S O C I A T I O N

REQUEST FOR MEMBERSHIP APPLICATION

If you are not already assigned a CAQH Provider ID, we will request an invitation package be sent to you at the mailing address you give below. Please call and advise us when you have completed the CAQH application process. If you have any questions, please do not hesitate to call us at 770.518.4406.

Please provide the following:

CAQH Provider ID (if active)			
Practice Name			
Last Name			
First Name			
Middle Name			
Specialty			
Practice Address			
City, State, Zip			
Phone Number			
Fax Number			
Practice Website Address			
Manager's E-mail Address			
Physician's E-mail Address			
Date of Birth			
SSN			
State License Number			
DEA Number			
Group PIN			
Group NPI			
Physician UPIN			
Physician NPI			
Date Joining/Establishing Practice		Today's Date	

PLEASE FAX THIS COMPLETE FORM TO:
AT:

NWGPA - CREDENTIALING
770.518.4408