

## CAQH Universal Credentialing DataSource DENTAL DATA SHEET

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Degree: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_

If you currently have a CAQH Provider ID, have completed/updated your online application (including required attachments) and have authorized CareFirst to access your data, please complete the following:

CAQH Provider ID: \_\_\_\_\_ CAQH Application Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you do not have a CAQH Provider ID, please complete the top portion and FAX this form to CareFirst Dental Provider Credentialing and Contracting at 410-720-5080. We will send you a CAQH Provider ID so that you can complete your online application at <https://caqh.geoaccess.com/oas> and can authorize CareFirst to access your data. Once your online application is complete, please note the completion date in the field above and return this form with your completed Dental Billing Authorization Form to:

CareFirst BlueCross BlueShield  
Dental Provider Credentialing and Contracting  
10455 Mill Run Circle, Mail Stop CT06-24  
Owings Mills, MD 21117  
Telephone: 443-921-0676  
FAX: 410-720-5080  
E-Mail: [dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com)