



Van Lang IPA

Request to MSO for Credentialing & Re-Credentialing
provider participates with CAQH

CREDENTIALING		
Credentialing Track	Routine	Urgent
Credentialing	Initial	Re-Cred
PROVIDER INFORMATION		
Provider Name	First name	Last name
Provider Advised to allow VL to Access CAQH file	Yes	No
Provider Advised to Update CAQH file	Yes	No
W9 attached	Yes	No
Par Agreement Attached (Signed & Dated)	Yes	No
Provider Request for Application attached	Yes	No
SUBMITTED BY		