

Provider Email Coversheet for Supporting Documents

Follow these steps to ensure the accuracy and timely processing of your request:

1. Include your **Full Name and CAQH Provider ID on the Subject Line** of your email.
2. **Copy and paste** the table below into the body of your email
3. Complete the table by referencing **TABLE 2** for the **Attachment Id Number and Short Code**
4. Indicate the **Total number of Pages per Document submitted** and the **State of Issue** (if applicable).
5. **Select one box** with an "X" for each document submitted. If you are adding the document to the system (first time submission of that particular document) or replacing a previously submitted document.
6. Review your documents; be sure to **sign and date documents as necessary**, stamped signatures will be rejected.
7. Save your document(s) in one of the 4 acceptable file types: PDF, Tiff, JPG, or GIF and add as an attachment to your email.
8. Email up to **10 separate documents** per submission to documents@proview.caqh.org

Item Count	Attachment ID (see table below)	Document Short Code	Total Number of Pages per Document	State of Issue (if applicable)	Select one box		
					Add	Change/Replace * if multiples please specify which	Delete/Remove * if multiples please specify which
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

--DO NOT INCLUDE TABLE 2 or EXAMPLE WITH DOCUMENT COVER SHEET-----

Provider Email Coversheet for Supporting Documents

Example: Provider or Practice Manager Response:

To...	documents@proview.caqh.org
Cc...	
Subject:	Thomas Smith MD - CAQH Provider ID # 1234567

Document Support Team,

To ensure my Provider profile remains current, please take the following actions to updated my account and respond back via email on is complete so I can attest to my updates.

Item Count	Attachment ID (see table below)	Document Short Code	Total Number of Pages per Document	State of Issue (if applicable)	Select one box		
					Add	Change/Replace <small>* if multiples please specify which</small>	Delete/Remove <small>* if multiples please specify which</small>
1	058	COI	1	TX		X	
2	022	CLIA	1	TX	X		
3	063	LSI	1	TX			X

Thank you,
 Thomas Smith
 CAQH Provider ID # 1234567
 Email: < Insert >

Table 2:

ID #	Document Type Name	Document Short Code
001	DEA Registration	DEA
002	State Controlled Dangerous Substance (CDS) Certificate	CDS
003	Current Professional Liability Insurance Policy Face Sheet; Page 2 and Page 3	Insurance
004	W-9- please submit for any newly reported tax ID numbers	W-9
005	Workers Compensation Certificate of Coverage	WorkComp
006	Application Release	Release
007	Current State (or Other State) License Certificate	StateLicense
011	ECFMG Certificate	ECFMG
012	Board Certification Certificate	BoardCert
014	Certificates of completion (med school, internship etc.)	Certificates
016	State Release - CO, GA, IL, MA, MN, NC, OK, TX, WA,WV	StateRelease
017	State Authorization – CO,GA, IL,MN,MS,TX,WA	StateAuth
021	State DPS Controlled Substances Registration Certificate -TX	DPS
022	CLIA Certifications –NX, TX	CLIA
023	Radiology Certifications -TX	Radiology
024	DD214, record of military service CO,GA,NV, TX	DD214
025	Curriculum Vitae/Resume	Resume
026	Diplomate of National Board of Medical Examiners Certificate	Diplomate
027	Photograph, passport size – CO , GA, OK	Photo
030	Permanent Resident Card or Visa Status – CO, GA, MA, OK, WV	Visa
031	Schedule B - Professional Liability Claims Information Form - GA	ScheduleB
032	Schedule C - Regulation Acknowledgement -GA	ScheduleC

Provider Email Coversheet for Supporting Documents

ID #	Document Type Name	Document Short Code
033	Form A - Adverse And Other Actions - IL	FormA
034	Form B - Professional Liability Actions -IL	FormB
035	Form C - Liability Insurance - IL	FormC
036	Form D - Criminal Actions - IL	FormD
037	Form E - Medical Condition - IL	FormE
038	Form F - Chemical Substances or Alcohol Abuse - IL	FormF
043	Schedule A - Page 1 - GA	ScheduleAP1
044	Professional Liability/Malpractice Claims - NV, OR	Malpractice
045	Section D - Attestation Questions - MS	SectionD
046	Professional Liability Verification- WV	LiabilityVerify
047	State Application Addendum	StateAddendum
050	Documentation of exams (FLEX, USMLE,etc.) - NV	ExamCert
051	TB Skin Test - CO	TB
052	Hospital Letter, Verification of Hospital Credentialing, or Alternative Pathways -MA	Hospital
053	IAP-66 - MA - Scholar Visa	ScholarVisalAP66
054	Reference Letter - MA	Reference
055	DEA Waiver - MA	DEAWaiver
056	Certificate for Conducting X-ray and/or Laboratory Services	Xray
057	Certificate of Advanced Nurse Practitioners	Nurse
058	Certificate of Insurance	COI
059	Certificate or Letter Certifying Formal Post-Graduate Training	PostGradLetter
060	Continuing Medical Education	CME
061	Diplomas (med school, etc.)	Diploma
062	Disclosure Attestation	Disclosure
063	Letter of Self Insurance	LSI
064	Maryland State License Certificate	StateLicense-MD
065	National Provider Identification Certificate	NPICert
066	Other Certificate	OtherCert
067	Signed Malpractice Claims History	SignMalpractice
068	Therapeutic/Diagnostic Pharmaceutical Agents License	PharmLicense

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