



OPTIMA BEHAVIORAL HEALTH
REQUEST TO INITIATE A CAQH PROVIDER NUMBER

Please fax requests to:

Hampton Roads/Eastern Shore/NC: 757-552-7114 Attn: Cara Yanisko Burgis
Greater Richmond/Western VA/MD: 804-510-7459 Attn: Sheena Deyo

A response will be faxed back to requestor within three (3) business days from date of receipt.
Thank you.

Provider Name:

Last _____ First _____ MI _____

License Type: _____

Provider's Date of Birth: _____

Practice Name: _____

Practice Location: _____

Practice Phone Number: _____

Practice Fax Number: _____

Practice Tax Id Number: _____

Name of Person Making Request: _____

Requestor's Phone Number: _____

Requestor's Fax Number: _____

Date of Request: _____

CAQH # (Optima Representative Only): _____