



**OPTIMA BEHAVIORAL HEALTH**  
**REQUEST TO INITIATE A CAQH PROVIDER NUMBER**

**Please fax requests to:**

Hampton Roads, Eastern Shore, and NC: 757-552-7114 Attn: Shannon McCracken  
Greater Richmond, Western/Northern VA, WV, and MD: 804-510-7459 Attn: Janaki Smith

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):** \_\_\_\_\_