V3.5.25

COUNTY OF SANTA CLARA
Behavioral Health Services

VHP Valley Health Plan

FEE FOR SERVICE CREDENTIALING REQUEST FORM

(Medical Doctors (MD) and/or Doctors of Osteopathic Medicine (DO) Only)

Is this MD/DO with a Contracted Provider Group?: Select here

*****If your Provider Group is not on this list, **DO NOT COMPLETE THIS FORM**.
Email BHSDBusinessOffice@hhs.sccgov.org with subject line 'Provider Group not on list'
and include provider group name in email for approval.*****

Select TAX ID Type and enter TAX ID: Select here

Provider Information

Last name: First name: Middle Initial:

E-mail: NPI#: Start Date:

CAQH ID#: License Certification Type:

License#: License Expiration Date:

Please submit a **complete application in CAQH** for review. If the application is incomplete it will delay processing. When your application is complete please authorize VHP to access the application by **entering: "Valley Health Plan Santa Clara 697"**

For technical support with your CAQH account please contact the CAQH helpdesk:
Phone: (888)599 1771 Help Desk Hours: Monday – Friday: 8 AM – 6 PM (EST)

Please submit the Fee For Service Credentialing Request Form to
BHSDCredentialing@vhp.sccgov.org