

I. Requestor Information
Requestor Name and Title

Email Address to send online

Credentialing Services 5200 Virginia Way Brentwood, TN 37027

Date Completed

Tel: 800-467-4736 | Fax: 800-294-7640 physiciancredentialing@davita.com

DaVita Credentialing Request Form

Please select the option that best fits your request:

ographics	Middle				Last		
					Name		
					Specialty		
	Social Security Num	nber*			Gender*	Male	Female
	License Expiration I	Date*			DEA #*		
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**All applicants must provide a current email address for communication of DaVita business and medical staff matters. All applicants are responsible for reading em

Because this process does rely upon verifications provided by third parties, we recommend that you submit your Medical Staff Application as soon as possible. The

Please note that this is a request form, and *not* the Medical Staff Application. The login information to your secure Practitioner Homepage will be sent to the designated email address above within two business days. Please review your junk/spam folder if you do not receive the emails containing your login information. The

credentialing process will start once we receive the complete Medical Staff Application.

^{**}All applicants must provide a current email address for communication of DaVita business and medical staff matters. All applicants are responsible for reading email notifications and responding timely to these communications.