Credentialing Services
5200 Virginia Way
Brentwood, TN 37027
Tel: 800-467-4736 | Fax: 800-294-7640
physiciancredentialing@davita.com

DaVita Credentialing Request Form

Please select the option that best fits your request: REQUIRED - Select from Dropdown List

I. Requestor Information

Requestor Name and Title		Date Completed	
Email Address to send online application (Cannot be a DaVita teammate)			

II. Practitioner Demographics

First Name		Middle		Last Name	
Professional Designation	Required - Select from Dropdown List			Specialty	
DOB*		Social Security Number*		Gender*	◯ Male ◯ Female
State License #*		License Expiration Date*		DEA #*	
Medicaid ID		NPI Number*			
Practitioner Email Address**					

**Required for practitioners new to DaVita.*
***If different from email address in Section I.*

Click here to visit DaVita.com and view facilities in your area!

III. Practice Information

Practice Name					
Street Address					
City		State		Zip	
Phone		Fax			

IV. Facility Requests (Add or Remove Facilities from the practitioner's profile)

Facility #	Facility Name	Covering Physician (supervising physician if AHP applicant)	Medical Director	City	State	Change Requested
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add
			No			Add

Click Here to Submit to Credentialing Services