

**AUTHORIZATION TO RELEASE CAQH INFORMATION TO
PERIMETER ANESTHESIA, LLC**

I hereby authorize the credentialing staff of Perimeter Anesthesia to access the CAQH system on my behalf. I understand the information I have provided will allow Perimeter Anesthesia to assign my billing rights to the anesthesia group for the services I provide for Perimeter Anesthesia.

A photocopy of this authorization shall have the same force and effect as the original.

CAQH Login

CAQH Password

CAQH Number

Date

Print Name

Signature

Note: If you do not know your CAQH Login and Password you can call CAQH at 888-599-1771 and they will give it to you over the phone. They will both be case sensitive.