

Behavioral Health Provider Enrollment Form

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|-----------------------------------------------|---------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> LCSW | <input type="checkbox"/> LMFT |
| <input type="checkbox"/> Medical psychologist | <input type="checkbox"/> APRN/CNS/PA | <input type="checkbox"/> LPC | <input type="checkbox"/> LAC |

Legal/W-9 name: _____

Practice/DBA name: _____

Physician name: _____ Title: _____

Provider DOB: _____ Gender: _____ Medical license number: _____ State: _____

Provider primary specialty: _____ Secondary specialty: _____

Date of hire: _____ Degree level: Master's Bachelor's Less than bachelor's

Locations

Primary address: _____

Parish: _____ Phone number: _____ Fax: _____

Secondary address: _____

Parish: _____ Phone number: _____ Fax: _____

*If there are multiple practice sites, please attach separate listing.

Accepting new patients: Yes No Minimum ages seen: _____ Maximum ages seen: _____

Languages in which you or staff are fluent for medical care: _____

Office hours: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat/Sun: _____

Contact name: _____ Phone number: _____ Fax: _____

Contact email address: _____

Billing office address: _____

Phone: _____ Fax: _____

Important billing numbers

Individual Medicaid: _____ Individual taxonomy: _____ DEA: _____

Individual NPI: _____ Group Medicaid: _____ Group taxonomy: _____

Medicare: _____ Group NPI: _____ Tax identification: _____

CLIA certification type (waived, microscopic, or moderate-level certification and number):

CLIA certification type: _____ Certification number: _____ CAQH credential number: _____

Louisiana credentialing application: Yes No (If yes, attach copy of application to contract.)

CLIA effective date: _____ CLIA expiration number: _____

Practice data

Add to existing practice/group: Yes No Add to group/practice effective date: _____

Do you want to be listed in the provider directory? Yes No

Please select the appropriate level of care

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| <input type="checkbox"/> ASAM ambulatory detox — outpatient | <input type="checkbox"/> Community support services mental health (MH) community psychiatric supportive treatment (CPST) | <input type="checkbox"/> Outpatient eating disorder |
| <input type="checkbox"/> ASAM level I — outpatient substance use (SU) disorder | <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Outpatient emergency room |
| <input type="checkbox"/> ASAM level II.1 intensive outpatient SU | <input type="checkbox"/> Crisis stabilization | <input type="checkbox"/> Other licensed or certified practitioner outpatient therapy (including peer supports) |
| <input type="checkbox"/> Asam level III.1 — clinically managed low-intensity halfway house | <input type="checkbox"/> Clinically managed medium intensity, SU (level III.3) | <input type="checkbox"/> Parent support and training |
| <input type="checkbox"/> Asam level III.3 and III.5 — clinically managed medium intensity, SU | <input type="checkbox"/> Family functional therapy (FFT) | <input type="checkbox"/> Psychiatric outpatient |
| <input type="checkbox"/> Asam level III.7D — medically monitored detox | <input type="checkbox"/> Group home SU | <input type="checkbox"/> Psychosocial rehabilitation (PSR) |
| <input type="checkbox"/> Asam level III.2D — clinically managed social detoxification | <input type="checkbox"/> Homebuilder | <input type="checkbox"/> Psychiatric residential treatment facility (PRTF) |
| <input type="checkbox"/> Asam level III.7 — medically monitored high intensity, co-occurring | <input type="checkbox"/> Inpatient electroconvulsive therapy (ECT) | <input type="checkbox"/> Short-term respite care |
| <input type="checkbox"/> Asam level IV — inpatient alcohol/drug detoxification | <input type="checkbox"/> Outpatient ECT | <input type="checkbox"/> Supportive living community residential crisis bed |
| <input type="checkbox"/> Assertive community treatment (ACT) | <input type="checkbox"/> Inpatient psychiatric hospital | <input type="checkbox"/> Support wraparound services |
| <input type="checkbox"/> Applied behavior analysis | <input type="checkbox"/> Independent living/skills building | <input type="checkbox"/> Therapeutic foster care (TFC) — children/adolescent |
| <input type="checkbox"/> Behavioral health FQHC | <input type="checkbox"/> Multi-systemic therapy for juveniles (MST) | <input type="checkbox"/> Therapeutic group home (TGC) — psychiatric |
| <input type="checkbox"/> Case conference | <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Youth support and training |
| | <input type="checkbox"/> Non-medical group home | |

Practice interests

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| <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD)/oppositional defiant disorder (ODD) | <input type="checkbox"/> Chemical dependency/co-dependency | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Anxiety disorders/phobias | <input type="checkbox"/> Dissociative disorder | <input type="checkbox"/> Reactive attachment disorder |
| <input type="checkbox"/> Autism/developmental disorders | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Depression/mood disorder |
| | <input type="checkbox"/> Personality disorders | <input type="checkbox"/> Fetal alcohol spectrum disorder |

Priority populations

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| <input type="checkbox"/> Persons w/ serious mental illness (SMI) | <input type="checkbox"/> HIV/AIDS substance users | <input type="checkbox"/> Geriatric |
| <input type="checkbox"/> Child/adolescent at risk for serious emotional disturbance (SED)/SMI | <input type="checkbox"/> Co-occurring MI/SU | <input type="checkbox"/> Homebound persons |
| <input type="checkbox"/> Child/adolescent substance users | <input type="checkbox"/> Co-occurring MI/mental retardation (MR) | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Pregnant w/ children w/ addiction | <input type="checkbox"/> Co-occurring MR/SU | <input type="checkbox"/> Adult substance users |
| <input type="checkbox"/> IV drug users w/ addiction | <input type="checkbox"/> Complex medical/SU issues | |

Practice population

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|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Gay/lesbian/bisexual/transgender | <input type="checkbox"/> Faith-based/spiritual |
| <input type="checkbox"/> Hispanic/latino | <input type="checkbox"/> Deaf/hearing impaired |

Other interests/areas of specialization

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|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Co-occurring MH/SU | <input type="checkbox"/> Trauma or physical/sexual abuse issues | <input type="checkbox"/> Adolescent — sexual offenders |
| <input type="checkbox"/> Sexual disorders/dysfunction | <input type="checkbox"/> Neuropsychological testing | <input type="checkbox"/> Adults — sexual offenders |
| <input type="checkbox"/> Family/couple therapy | <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Play therapy |
| <input type="checkbox"/> Pain management | <input type="checkbox"/> Neuropsychological evaluation | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dual MH/MR | <input type="checkbox"/> African American | <input type="checkbox"/> Dialectical behavioral therapy (DBT) |