



BEHAVIORAL HEALTHCARE PROFESSIONAL NETWORK INTEREST PROFILE FORM

Please complete this form in its entirety and return with a copy of **W-9** by
 Email to CHC.Contracting@CommunityHealthChoice.org.
 Incomplete forms **not** considered.

Today's Date	<input type="checkbox"/> Participating Provider already in the network, but would like to participate in additional program(s):	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Marketplace
	<input type="checkbox"/> Provider NOT in the network, but would like to participate in the following program(s):	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Marketplace

PHYSICIAN OR HEALTHCARE PROFESSIONAL INFORMATION

Desired role: BEHAVIORAL HEALTH PROVIDER

Provider Name:

Primary Specialty: Board Certified: Yes No

Secondary Specialty: Board Certified: Yes No

CAQH Number:
(please use this time to re-attest and update your credentialing documents)

Licensure(s)

Individual NPI: Medicare #: Medicaid #:

If NP or LPA, name of supervising physician: Supervising physician's NPI:

Provider Contact Person Contact Phone:

Contact Email: Contact Fax:

Contact Mailing Address

City, State, Zip:

BILLING INFORMATION

Provider / Group / Billing Name:

Tax ID: Group NPI:

Is provider joining an existing group of providers who is currently participating with Community? Yes No

Clearinghouse: Medicaid/CHIP: Availity Marketplace: Change Healthcare
 Change Healthcare Trizetto

Payment Method: Direct Deposit (EFT) ERA Payment Method: Direct Deposit (EFT) ERA

Information Service Location

Provider's Practice Address:

Primary Contact: Phone Number: Fax Number:

Bus Route: Yes No Walk-ins Accepted: Yes No Electronic Medical Records: Yes No

Days and Hours of Operation: (e.g., Mon. 7 a.m. – 7p.m.) Sun: _____ Mon: _____ Tue: _____ Wed: _____
 Thu: _____ Fri: _____ Sat: _____ Holidays: _____

Languages spoken: Arabic Chinese-Cantonese Chinese-Mandarin Hindi
 Sign Language Spanish Vietnamese Other: _____

Additional practice locations? Yes No If yes, include a separate sheet with additional information.