



SHORT TERM BEHAVIORAL HEALTH (STBH) SERVICES PROVIDER APPLICATION Part 1 (1 of 2)

Provider Name:				
Business Address:				
City:		State:		Zip:
Phone Number:		Website:		
Primary POC for Contracting and Billing:		Title:		
Phone #:		Email:		
Primary STBH Referral Contact Person:		Title:		
Phone Number:		Email:		

Insurance Panels Accepted: (Please check all that apply)	<input type="checkbox"/> CareFirst <input type="checkbox"/> Medicaid <input type="checkbox"/> Kaiser Mid Atlantic <input type="checkbox"/> Aetna <input type="checkbox"/> Cigna <input type="checkbox"/> Anthem Medicaid <input type="checkbox"/> United Healthcare <input type="checkbox"/> Tricare <input type="checkbox"/> Humana <input type="checkbox"/> INTotal Health <input type="checkbox"/> Anthem <input type="checkbox"/> Anthem HMO	<input type="checkbox"/> Anthem PPO <input type="checkbox"/> Anthem Health Keepers <input type="checkbox"/> Anthem Health Keepers + <input type="checkbox"/> Optima <input type="checkbox"/> BCBS <input type="checkbox"/> United Behavioral Health <input type="checkbox"/> None <input type="checkbox"/> Other (please list):	
Proposed Hourly Rate (Propose an hourly rate which takes into consideration the public-private nature of this partnership.):	\$ <hr/>	Proposed # of Youth (Propose the number of youth you would be willing to serve at an given time):	<hr/>
After hours and emergency protocols: (Please describe)			
<u>STBH PROVIDER APPLICATION PART 1 CHECKLIST</u> (Please check off and be sure to attach all required documentation outlined below.)			
<input type="checkbox"/> Insurance Accord Certificate for the Provider <input type="checkbox"/> W-9 form for the Provider (tax identification) <input type="checkbox"/> Part 2: STBH Clinician Authorization Form(s) - one form MUST be completed for each clinician			

All the information in this application is accurate and truthful. This application is submitted with the intent to enter an Agreement for the Purchase of Services.

Signature of Authorized Representative/Title

Date

Print Name