



ANCILLARY PRACTITIONER DATA FORM: BEHAVIORAL HEALTH CLINICIAN/LICENSED ALCOHOL AND DRUG COUNSEL

Please email to Provider_Information_Dept@point32health.org or fax to 617.972.9591.

Please note: A credentialing application must also be submitted at proview.caqh.org.

GENERAL INFORMATION – MISSING INFORMATION WILL DELAY YOUR APPLICATION

Name _____
Last First Middle Degree/Specialty

Individual NPI _____ Date of birth ____/____/____ SS# _____-____-_____

Provider's email _____

DBA, Group or Practice Name (if applicable) _____

Are we adding you to a group practice? YES NO Are you a Medicare participating provider? YES NO

CAQH Information Is your CAQH application updated and reattested to within the last 3 months? YES NO

Did you include 5-year work history in CAQH in month/year format? YES NO

CAQH ID# _____ Have you granted Tufts Health Plan access to your CAQH account? YES NO

Payment Information Payee NPI _____ Tax ID# _____-_____

To whom should checks be made payable? _____

Payment Address (should match W-9 & CAQH) Payment Address Phone _____ Fax _____

Street _____ City, State ZIP _____

Mailing Address Mailing Address Phone _____ Fax _____

Street _____ City, State ZIP _____

Practice Address

Street _____ Phone _____

City, State ZIP _____ Fax _____

Service Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Handicap Access? Yes No Are translation services available? Yes No

Languages other than English at this location _____

For additional addresses check here and attach a separate sheet. Please include all practice addresses for directories and update all addresses with www.CAQH.org.

Whom may we contact if we have any questions?

Name _____ Phone _____ Fax _____

Email _____

TYPE OF PRACTITIONER – Check all that apply

Psychologist: Ph.D. Ed.D. Sc.D. Psy.D. D.Min Licensed Independent Clinical Social Worker

Licensed Marriage and Family Therapist Licensed Behavioral Health Counselor

Psychiatric and Behavioral Health Nurse Practitioner: Prescribing Non-Prescribing LADC1

Psychiatric Clinical Nurse Specialist: Prescribing Non-Prescribing MLADC

State of Rhode Island Psychologists only:

Do you provide Applied Behavior Analysis services? Yes No Other: _____

REQUIRED CREDENTIALING/CONTRACTING DOCUMENTS – Please attach/complete

Documentation of current professional liability insurance (\$1 million per incident/\$3 million aggregate). Must show the individual provider's name on the certificate, roster or a letter from the insurance company unless the professional liability information in CAQH is current and attested to. **(required)**

Completed [Past 5 Years' Work History Form](#) (enclosed) **(required)**

[Form W-9](#) for payments (payment address should match CAQH and above) **(required)**

Copy of board certification (LICSW and prescribing nurses only) **(if applicable)**
Please note: this is not your state license nor is it membership alone in an association such as the NASW. Board certification is an additional, voluntary certification process whereby a person is tested and approved to practice in a specialty field after successful completion of the requirements of a board of specialists in that field (for example, The American Nurses Credentialing Center or The National Association of Social Workers).

Psychiatrist or prescribing nurse to whom you refer for medication management **(required)**

Provider's name _____

Provider who provides your emergency and vacation coverage **(required)**

Provider's name _____

Internal Use:

PROV ID _____ SPEC 1200 1500 6000 6200 6300
 PCAT 01 05, TOP 12 49 50 55 65 66, PRAC 01 02 05, GROUP/PAYEE _____ 6800 6900 7000 7100 9900
 (#5166777) PI Initials _____ Date _____ PO Initials _____ Date _____ REST EX 77