

ECBH LME
Application for Network Membership

Provider Profile

Tax ID#: _____

Name of Legal Provider: _____
(As listed on enrollment with DMA/Medicaid)

Name of Practice: _____
(if applicable) (As listed on enrollment with DMA/Medicaid)

Mailing Address: _____
(As listed on enrollment with DMA/Medicaid)

Office Location(s): _____
(as listed on enrollment with DMA/Medicaid)

Contact Person(s): _____

Telephone #: _____ FAX #: _____

What are your office hours? _____

Is your office space handicapped accessible? Yes No

Please describe the process for which referrals are made to your office. _____

Licensure and Accreditation

Are you an enrolled Medicaid Provider? Yes No Provider Number: _____
(Attach Provider Agreement)

Are you an enrolled CAP-MR/DD Provider? Yes No Provider Number: _____
(Attach Provider Agreement)

Are you accredited or certified by any national organization, LME or other? Yes No
(Attach a copy of License(s) and Certification(s))

Have you or the Practice under which you provide services ever been sanctioned, placed on probation, or lost accreditation or certification status? Yes No (If yes, submit explanation.)

Have any of the officers, directors or administrators been convicted, pleaded no contest or guilty to a felony at any time? Yes No (If yes, submit explanation.)

Has the organization been sued under its professional liability insurance in the past five years? Yes No

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Do you have lawsuits pending? Yes No (If yes, submit explanation.)

Services

Applicant serves or intends to serve what disability types and age groups (☐ any that apply)

DD SAS ADULT Dually Diagnosed At-Risk Children DWI ADETS

CHILD (Identify specific age group _____)

Other: _____

Types of services to be provided, please include any specialty you may provide such as sex offender specific or Reactive Attachment Disorder, etc.: _____

Do you have Bi-lingual Services availability? Yes No

If yes, indicate language(s): _____

Indicate arrangement(s) to cover your practice during nights/week-ends/holidays/vacations.

None 24 hour/day beeper answering machine with Emergency # Colleague covers practice 24 hour answering service that can reach me other _____

Fees for service

Please indicate the insurance accepted by your office.

- ACS Consulting
- Aetna
- BC/BC Federal
- BC/BS State
- BC/BS Michigan
- BOSCH
- CIGNA
- Connecticut General
- GEHA
- NC Health Choice
- Principal Financial Group
- Medicare- type(s): _____
- Great West
- Hatteras
- Employee Benefit Services
- Health Care Savings
- Magellan
- Interactive Medical
- Pension Associates, Inc.
- TRICARE
- MOEN
- Medicaid
- Mail Handlers

Do you bill Incident to a Physician for Adults Children

Do you accept private pay referrals? Yes No

If so, do you offer a sliding fee scale? Yes No

Would you serve indigent consumers? Yes No

Coordination of Care:

Many Medicaid consumers receive services from multiple agencies and/or providers. An integral component of service delivery is the coordination of care. I am in agreement with the Area Authority /LME that Best Practice includes regular communication (both written and verbal) and participation in treatment planning by Independent Practitioners in accordance with HIPPA standards.

