

**Section 1 Instructions:** Please complete all fields below for the provider

Entity Name (as written on W9):		Billing Type: UB-04/Institutional CMS-1500/Professional	
IPA name (if applicable):		W-9 TIN/EIN (nine characters):	State Medicaid ID:
Name Doing Business As (if applicable):		Do you participate in any Health Information Exchanges (HIEs)? Yes No <i>If Yes, enter HIE name(s):</i>	
Do you use any Electronic Health Records (EHRs) or Electronic Medical Records (EMRs)? Yes No <i>If Yes, enter EHR/EMR name(s):</i>		Do you participate in any Health Information Exchanges (HIEs)? Yes No <i>If Yes, enter HIE name(s):</i>	
Primary Contact Name:	Primary Contact Email:	Primary Contact Phone:	
	Address Line 1	Address Line 2	City
	State	ZIP + 4 Digits	Telephone (with Area Code)
<b>Pay to Address</b>			
<b>Recoveries Address</b> <i>Same as Pay To Address</i>			
Organization Website:			

**Section 2 Instructions:** Please complete each section below for all locations including applicable NPI or Atypical ID information. **(Make additional copies if needed.)**

Practice Location #	Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
<b>1</b> <i>Main Location</i>									

**Facility NPI/Atypical ID:**

**Taxonomy Code:**

**CLIA ID:**

**Languages Spoken:**

Arabic ASL Chinese  
Dutch French German  
Hindi Russian Spanish  
Other (please list):

**Counties Served:**

Practice Location 1 — Office Hours					
Day	No Set Hours	Start	AM/PM	End	AM/PM
Monday	Closed Open 24 Hours				
Tuesday	Closed Open 24 Hours				
Wednesday	Closed Open 24 Hours				
Thursday	Closed Open 24 Hours				
Friday	Closed Open 24 Hours				
Saturday	Closed Open 24 Hours				
Sunday	Closed Open 24 Hours				



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
2									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic      ASL      Chinese
- Dutch      French      German
- Hindi      Russian      Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
3									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic      ASL      Chinese
- Dutch      French      German
- Hindi      Russian      Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
4									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic      ASL      Chinese
- Dutch      French      German
- Hindi      Russian      Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				

Practice Location #	Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
5									

Facility NPI/Atypical ID:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic      ASL      Chinese
- Dutch      French      German
- Hindi      Russian      Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
Monday	Closed	Open 24 Hours				
Tuesday	Closed	Open 24 Hours				
Wednesday	Closed	Open 24 Hours				
Thursday	Closed	Open 24 Hours				
Friday	Closed	Open 24 Hours				
Saturday	Closed	Open 24 Hours				
Sunday	Closed	Open 24 Hours				



**Section 3 Instructions:** Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Group Locations					
Blind/ Visually Impaired (ADA5)	All	1	2	3	4	5
Cognitively Disabled (ADA6)	All	1	2	3	4	5
Deaf or Hard of Hearing (ADA7)	All	1	2	3	4	5
Examination Rooms - Compliant Access (ADA3)	All	1	2	3	4	5

ADA Compliance	Group Locations					
Handicap Accessible Medical Equipment (ADA4)	All	1	2	3	4	5
Rest Rooms - Compliant Access (ADA2)	All	1	2	3	4	5
Service Location - Compliant Access (ADA1)	All	1	2	3	4	5

**Section 4 instructions:** Please complete all fields below by selecting which service(s) are provided at each location and ages served.

**Habilitative and Rehabilitative Services**

Cardiac Rehabilitation	All	1	2	3	4	5
Physical Therapy	All	1	2	3	4	5

**Imaging**

Imaging Center	All	1	2	3	4	5
Mammography	All	1	2	3	4	5
Radiology Service Available	All	1	2	3	4	5
Ultrasound	All	1	2	3	4	5

**Home Health Services (Clinical)**

Home Health Care - Adult	All	1	2	3	4	5
Home Health Care - Pediatric	All	1	2	3	4	5
Home Infusion Services - Adult	All	1	2	3	4	5
Home Infusion Services - Pediatric	All	1	2	3	4	5

**Transportation**

Services	Locations					
Ambulance Services	All	1	2	3	4	5
Non-Emergency Medical Transportation	All	1	2	3	4	5

**Home Care Services (Non-Clinical)**

Home And Vehicle Modifications	All	1	2	3	4	5
Home Delivered Meals	All	1	2	3	4	5
Home Modification	All	1	2	3	4	5
Personal Care Services - Non-Skilled	All	1	2	3	4	5
Personal Care Services - Skilled	All	1	2	3	4	5
Personal Emergency Response System (PERS)	All	1	2	3	4	5
Respite Care – In Home	All	1	2	3	4	5
Respite Care - Institutional	All	1	2	3	4	5

**Medical Therapies**

Chemotherapy	All	1	2	3	4	5
Hemodialysis	All	1	2	3	4	5
IV Outpatient Services	All	1	2	3	4	5
Peritoneal Dialysis	All	1	2	3	4	5



**Transplants**

Transplant - Heart	All	1	2	3	4	5
Transplant - Intestinal	All	1	2	3	4	5
Transplant - Kidney	All	1	2	3	4	5
Transplant - Liver	All	1	2	3	4	5
Transplant - Lung	All	1	2	3	4	5
Transplant - Pancreas	All	1	2	3	4	5

**Sleep Testing**

In Center Sleep Testing	All	1	2	3	4	5
In Home Sleep Testing	All	1	2	3	4	5

**Telemedicine**

Telepsychiatry	All	1	2	3	4	5
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**Miscellaneous Services**

Durable Medical Equipment	All	1	2	3	4	5
Family Planning Services	All	1	2	3	4	5
Laboratory Services Available	All	1	2	3	4	5
Nutritional Counseling	All	1	2	3	4	5
Orthotics and Prosthetics	All	1	2	3	4	5
School Based Clinic	All	1	2	3	4	5
Care Management Services	All	1	2	3	4	5

Please add any unlisted services below and indicate age range and location.

Unlisted Services	Locations
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5

Unlisted Services	Locations
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5
	All 1 2 3 4 5

**ASAM Levels of Care**

Services	Locations
ASAM Level OTS Outpatient Opioid Treatment	All 1 2 3 4 5
ASAM Level 1 Outpatient Services	All 1 2 3 4 5
ASAM Level 1-WM Ambulatory Detoxification	All 1 2 3 4 5
ASAM Level 2.1 Substance Abuse Intensive Outpatient Program (SAIOP)	All 1 2 3 4 5

Services	Locations
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	All 1 2 3 4 5
ASAM Level 2.5 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)	All 1 2 3 4 5
ASAM Level 3.7-WM Non-Hospital Medical Detoxification	All 1 2 3 4 5
ASAM Level 3.9-WM (NC) Medically Supervised or ADATC Detoxification Crisis Stabilization	All 1 2 3 4 5



**Section 5 Instructions:** Please complete all fields below, including practice location number(s) for each practitioner. See Section 2 for corresponding location number. If you have more than 6 practitioners, please attach a roster with the same fields listed in this section.

Category	First Name	Last Name	MI	Degree/Title (e.g, MD, ARNP, MSW, etc.)	Gender	Specialty	Accepting New Patients?	Practitioner NPI /Atypical ID	Practice Location Number for Practitioner	
						Taxonomy Code	Age Range	Affiliated Hospital with Admitting Privileges		
Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

State Medicaid ID: CAQH ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):

Provider Training/Experience: Blindness or Visual Impairment Child Welfare Chronic Illness Cognitively Disabled Co-occurring Disorders  
Deafness or Hard of Hearing HIV/AIDS Homelessness Physical Disability Serious Mental Illness Substance Abuse Trauma

Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

State Medicaid ID: CAQH ID: Cultural Competency Training Completed? Yes No Exclude from Directory

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Provider Training/Experience: Blindness or Visual Impairment Child Welfare Chronic Illness Cognitively Disabled Co-occurring Disorders  
Deafness or Hard of Hearing HIV/AIDS Homelessness Physical Disability Serious Mental Illness Substance Abuse Trauma

Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

State Medicaid ID: CAQH ID: Cultural Competency Training Completed? Yes No Exclude from Directory

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Category	First Name	Last Name	MI	Degree/Title (e.g, MD, ARNP, MSW, etc.)	Gender	Specialty	Accepting New Patients?	Practitioner NPI/Atypical ID	Practice Location Number for Practitioner	
						Taxonomy Code	Age Range	Affiliated Hospital with Admitting Privileges		
Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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Deafness or Hard of Hearing HIV/AIDS Homelessness Physical Disability Serious Mental Illness Substance Abuse Trauma

Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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Specialist Hospital Based					M	Specialty:	Accepting New Patients? Yes No	NPI/Atypical ID	All	3
					F	Taxonomy:	From Age ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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