

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

Entity Name (as written on W9):		Facility Type:	
IPA name (if applicable):		Billing Type: UB-04/Institutional CMS-1500/Professional	
Name Doing Business As (if applicable):		W-9 TIN/EIN (nine characters):	State Medicaid ID:
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 <i>(with Area Code)</i>
Pay to Address			
Recoveries Address <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 <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>
1 <i>Main Location</i>									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No

Facility NPI/Atypical ID:

Taxonomy Code:

Skilled Medical Interpreter? Yes No

Languages Spoken:

Arabic ASL Chinese

Dutch French German

Hindi Russian Spanish

Other (please list):

Location Type:

CLIA ID:

Counties Served:

Practice Location 1 — Office Hours

Telehealth Hours Same as Office

Office Hours

Telehealth Hours

Day	No Set Hours	Start	End	Start	End
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									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 2 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
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									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 3 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
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									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 4 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
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									

Child and Adolescent Needs and Strengths (CANS) Assessors Yes No

Public Transit Route: Yes No
 Facility NPI/Atypical ID:
 Taxonomy Code:
 Skilled Medical Interpreter? Yes No
 Languages Spoken:
 Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish
 Other (please list):

Location Type:
 CLIA ID:
 Counties Served:

Practice Location 5 — Office Hours						
Telehealth Hours Same as Office			Office Hours		Telehealth Hours	
Day	No Set Hours		Start	End	Start	End
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

Services	Locations					
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

Ambulance Services	All	1	2	3	4	5
Mobile Response and Stabilization Services (MRSS)	All	1	2	3	4	5
Non-Emergency Medical Transportation	All	1	2	3	4	5

Home Care Services (Non-Clinical)

Services	Locations					
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

Services	Locations
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

Services	Locations
Telehealth	All 1 2 3 4 5
Telepsychiatry	All 1 2 3 4 5

Miscellaneous Services

Care Management Services	All 1 2 3 4 5
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

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

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

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	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location		
						Secondary Specialty	Affiliated Hospital w/ Admitting Privileges	Age Range	25+ Hrs Worked Loc #	Per Week	
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes No									2	Y	N
<u>Languages Spoken:</u> Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):									3	Y	N
<u>Provider Training/Experience:</u> 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									4	Y	N
Exclude from Directory PCP Maximum Panel Capacity (Amount):									5	Y	N

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes No									2	Y	N
<u>Languages Spoken:</u> Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):									3	Y	N
<u>Provider Training/Experience:</u> 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									4	Y	N
Exclude from Directory PCP Maximum Panel Capacity (Amount):									5	Y	N

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
<u>State Medicaid ID:</u> <u>CAQH ID:</u> <u>Practitioner NPI/Atypical ID:</u> <u>Cultural Competency Training Completed?</u> Yes No									2	Y	N
<u>Languages Spoken:</u> Arabic ASL Chinese Dutch French German Hindi Russian Spanish Other (please list):									3	Y	N
<u>Provider Training/Experience:</u> 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									4	Y	N
Exclude from Directory PCP Maximum Panel Capacity (Amount):									5	Y	N



Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location 25+ Hrs Worked Loc # Per Week		
						Secondary Specialty	Affiliated Hospital w/ Admitting Privileges	Age Range			
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No
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
 Exclude from Directory PCP Maximum Panel Capacity (Amount):

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Specialty 1:	Taxonomy:	Accepting New Patients?	Practice Location 25+ Hrs Worked Loc # Per Week		
						Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages			
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No
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
 Exclude from Directory PCP Maximum Panel Capacity (Amount):

Category	First Name	Last Name	MI	Degree/Title (e.g. MD, ARNP, MSW, etc.)	Gender	Specialty 1:	Taxonomy:	Accepting New Patients?	Practice Location 25+ Hrs Worked Loc # Per Week		
						Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages			
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All		
					F	Specialty 2:	Hospital(s):	From Age ___ to ___ All Ages	1	Y	N
									2	Y	N
									3	Y	N
									4	Y	N
									5	Y	N

State Medicaid ID: CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No
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
 Exclude from Directory PCP Maximum Panel Capacity (Amount):

ACOH Use Only