

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 an Electronic Health Record (EHR) or Electronic Medical Record (EMR)? Yes No <i>If Yes, enter EHR/EMR name:</i>		Do you participate in a Health Information Exchange (HIE)? Yes No <i>If Yes, enter HIE name:</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)
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 (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)
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		Practice Location 4 — Office Hours									
Public Transit Route:				Yes		No		Location Type:		Telehealth Hours Same as Office		Office Hours		Telehealth Hours			
Facility NPI/Atypical ID:								CLIA ID:		Day		No Set Hours		Start		End	
Taxonomy Code:								Counties Served:		Monday		Closed		Open 24 Hours			
Skilled Medical Interpreter?				Yes		No				Tuesday		Closed		Open 24 Hours			
Languages Spoken:										Wednesday		Closed		Open 24 Hours			
Arabic				ASL		Chinese				Thursday		Closed		Open 24 Hours			
Dutch				French		German				Friday		Closed		Open 24 Hours			
Hindi				Russian		Spanish				Saturday		Closed		Open 24 Hours			
Other (please list):										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		Practice Location 5 — Office Hours									
Public Transit Route:				Yes		No		Location Type:		Telehealth Hours Same as Office		Office Hours		Telehealth Hours			
Facility NPI/Atypical ID:								CLIA ID:		Day		No Set Hours		Start		End	
Taxonomy Code:								Counties Served:		Monday		Closed		Open 24 Hours			
Skilled Medical Interpreter?				Yes		No				Tuesday		Closed		Open 24 Hours			
Languages Spoken:										Wednesday		Closed		Open 24 Hours			
Arabic				ASL		Chinese				Thursday		Closed		Open 24 Hours			
Dutch				French		German				Friday		Closed		Open 24 Hours			
Hindi				Russian		Spanish				Saturday		Closed		Open 24 Hours			
Other (please list):										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

Sleep Testing

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

Telemedicine

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

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

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 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
ASAM Level 4 Inpatient Hospital Substance Abuse Treatment	All	1	2	3	4	5

ACOH Use Only