

CLINICAL STAFF ADD FORM

Please complete this form to add a provider from your practice or organization. To submit this form, download it to your computer, complete and save, and attach it to an **email to:** ProviderNetworkServices@coaccess.com. You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Network Services, PO Box 17580, Denver, CO 80217-0580.

Fields in bold and with an asterisk (*) are required. The form may be denied if any required field is missing data.

*Office's Legal Name:		
Doing Business As (DBA) Office Name (if different than legal):	*Tax ID Number:	
Office Contact Name:	Office Contact Email:	
*Provider Last Name:	*Provider First Name:	Provider MI:
*Provider NPI:	Provider Effective Date:	CAQH# (please ensure profile is current):
Provider Date of Birth	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> X	*Degree/Suffix:
Practicing Specialty:		
*Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Liability Insurance Requirements: \$1,000,000 each occurrence, \$3,000,000 aggregate. Please ensure a current copy is in the CAQH account profile.		

Addresses

<input type="checkbox"/> Affiliate provider with all location NPIs under this Tax ID number		
*Primary Service Location Name:	*Service Location Address:	*Service Location NPI:
*Is the service location NPI the same as the Billing NPI? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, Billing NPI:		
Service Location Primary Phone Number:	Service Location Primary Fax:	
Additional Service Location Name:	Service Location Address:	Service Location NPI:
Additional Service Location Name:	Service Location Address:	Service Location NPI:
*Mailing Address:		
Does the provider practice at more than 3 locations for this TIN? Include this data on the CAQH and/or attach as a separate spreadsheet.		
Behavioral Health providers need to complete the attached Behavioral Health Specialty form.		

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Behavioral Health Specialty

Please indicate which specialty population you work with below:

- Children (12 and younger) Adolescents (13 to 18) Adults (19 to 64) Seniors (65 and older)
 Foster care

Treatment modalities:

- | | |
|---|--|
| <input type="checkbox"/> Aggression replacement therapy | <input type="checkbox"/> Exposure and response prevention |
| <input type="checkbox"/> Animal-assisted | <input type="checkbox"/> Habit reversal therapy |
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Multisystemic therapy (MST) |
| <input type="checkbox"/> Attachment-based therapy | <input type="checkbox"/> Psychological testing and evaluation |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Play therapy |
| <input type="checkbox"/> Cognitive behavioral therapy | <input type="checkbox"/> Sex offender management board (SOMB Treatment Provider) |
| <input type="checkbox"/> Dialectical behavior therapy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Eye movement desensitization and reprocessing therapy (EMDR) | |

Please check only the top ten specialty(s) of your practice below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> End-of-life | <input type="checkbox"/> Psychological illness |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Family therapy | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Anxiety/panic | <input type="checkbox"/> Gender identity counseling | <input type="checkbox"/> Psychosomatic illness |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Queer/questioning |
| <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Impulse control | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Intellectual disabilities | <input type="checkbox"/> Relinquishment counseling |
| <input type="checkbox"/> Borderline personality disorder | <input type="checkbox"/> Intimacy issues | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Brain injury (TBI) | <input type="checkbox"/> LGBTQ counseling | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Self-harm/self-injury |
| <input type="checkbox"/> Children of alcoholics | <input type="checkbox"/> Life transitions | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Chronic pain or illness | <input type="checkbox"/> Men's issues | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Compulsive behaviors | <input type="checkbox"/> Mental health certifications designated by the Office of Behavioral Health (OBH) | <input type="checkbox"/> Sexual offenders |
| <input type="checkbox"/> Conduct disorder | <input type="checkbox"/> Mood disorders | <input type="checkbox"/> Sleep/insomnia |
| <input type="checkbox"/> Criminal justice | <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Spiritual concerns |
| <input type="checkbox"/> Cultural issues | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Obesity | <input type="checkbox"/> Substance use disorder |
| <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Obsessive compulsive disorder | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Disruptive behavior disorder | <input type="checkbox"/> Parenting issues | <input type="checkbox"/> Violent offenders |
| <input type="checkbox"/> Dissociative disorders | <input type="checkbox"/> Personality disorders | <input type="checkbox"/> Women's issues |
| <input type="checkbox"/> Divorce/custody | <input type="checkbox"/> Phobias | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Postpartum | |
| <input type="checkbox"/> Eating disorders | | |