

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 either use the **“Submit”** button below or 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**.

Boxes that are bolded and have an asterisk (*) are required. Form may be denied if any required field is missing data.

***Office’s Legal Name:**

Doing Business As (DBA) Office Name (if different from legal):

***Tax ID Number:**

Office Contact Name:

Office Contact Email:

***Provider Last Name:**

***Provider First Name:**

Provider MI:

Provider Effective Date:

***Provider NPI:**

[CAQH #](#) (please make sure the profile is current):

Provider Date of Birth:

Gender: F M Other X

***Degree/Suffix:**

Practicing Specialty:

***Is provider practicing ONLY in an inpatient/hospitalist or Locum Tenens capacity?** Yes 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

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?** Yes No
If no, 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 separate spreadsheet.

Behavioral Health providers need to complete the attached Behavioral Health Specialty form.

CLINICAL STAFF ADD FORM

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"/> Postpartem | |
| <input type="checkbox"/> Eating disorders | | |