

## CLINICAL STAFF ADD FORM - BEHAVIORAL HEALTH

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](mailto:providernetworkservices@coaccess.com). You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Network Services, P.O. 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.**

<b>*Office's legal name:</b>		
Doing Business As (DBA) office name (if different than legal):	<b>*Tax ID number:</b>	
Office contact name:	Office contact email:	
<b>*Provider last name:</b>	<b>*Provider first name:</b>	Provider MI:
<b>*Provider NPI:</b>	Provider effective date:	<a href="#">CAQH#</a> (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	<b>*Degree/suffix:</b>
Practicing specialty:		
<b>*Is provider practicing ONLY in an inpatient/hospitalist or locum tenens capacity?</b> <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		
<b>*Primary service location name:</b>	<b>*Service location address:</b>	<b>*Service location NPI:</b>
<b>*Is the service location NPI the same as the billing NPI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, billing NPI:</b>	
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:
<b>*Mailing address:</b>		
Does the provider practice at more than three 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.		

# 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"/> LGBTQIA+ 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                |   |  |

**SUBMIT**