

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

Entity Name (as written on W9):		Category: BH Provider/Group Behavioral Hospital BH Facility				
IPA name (if applicable):		Billing Type: UB-04/Institutional CMS-1500/Professional				
Name Doing Business As (if applicable):		W-9 TIN/EIN (nine characters):				
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>		Is this provider on the HHS Non-Exhaustive ECP (Essential Community Provider) list? Yes No		
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 information. **(Make additional copies if needed.)**

Practice Location #	Group/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>									

Group/Facility NPI:

Taxonomy Code:

CLIA ID:

Languages Spoken:

Arabic ASL Chinese
Dutch French German
Hindi Russian Spanish
Other (please list):

Counties Served:

Practice Location 1 — Office Hours					
Day	No Set Hours	Start	AM/PM	End	AM/PM
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 #	Group/Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
2									

Group/Facility NPI:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish

Other (please list):

Counties Served:

Practice Location 1 — Office Hours					
Day	No Set Hours	Start	AM/PM	End	AM/PM
Monday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Tuesday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Wednesday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Thursday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Friday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Saturday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Sunday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				

Practice Location #	Group/Facility Name <i>(as appearing in provider directory)</i>	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax <i>(with Area Code)</i>	Telephone <i>(with Area Code)</i>
3									

Group/Facility NPI:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
 Dutch French German
 Hindi Russian Spanish

Other (please list):

Counties Served:

Practice Location 1 — Office Hours					
Day	No Set Hours	Start	AM/PM	End	AM/PM
Monday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Tuesday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Wednesday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Thursday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Friday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Saturday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				
Sunday	<input type="checkbox"/> Closed <input type="checkbox"/> Open 24 Hours				



Practice Location #	Group/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									

Group/Facility NPI:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- Dutch French German
- Hindi Russian Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
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 #	Group/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									

Group/Facility NPI:

Taxonomy Code:

CLIA ID:

Languages Spoken:

- Arabic ASL Chinese
- Dutch French German
- Hindi Russian Spanish
- Other (please list):

Counties Served:

Practice Location 1 — Office Hours						
Day	No Set Hours		Start	AM/PM	End	AM/PM
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.

Essential Community Provider (ECP)

Services	Locations					
Federally Qualified Health Center (FQHC)	All	1	2	3	4	5
Ryan White Provider	All	1	2	3	4	5
Family Planning Provider	All	1	2	3	4	5
Indian Health Provider	All	1	2	3	4	5
Hospital	All	1	2	3	4	5
Other ECP Provider	All	1	2	3	4	5

Behavioral Health

ABA Therapy	All	1	2	3	4	5
Assertive Community Treatment (ACT)	All	1	2	3	4	5
Care Management Services	All	1	2	3	4	5
Cognitive Behavioral Therapy	All	1	2	3	4	5
Crisis Intervention	All	1	2	3	4	5
Family Therapy	All	1	2	3	4	5
Focused Cognitive Therapy (TFCBT)	All	1	2	3	4	5
Functional Family Therapy	All	1	2	3	4	5
Group Therapy	All	1	2	3	4	5
Inpatient Mental Health - Adolescent	All	1	2	3	4	5

Services	Locations					
Inpatient Mental Health - Adult	All	1	2	3	4	5
Inpatient Mental Health - Child	All	1	2	3	4	5
Inpatient Mental Health - Geriatric	All	1	2	3	4	5
Inpatient Substance Abuse - Adolescent	All	1	2	3	4	5
Inpatient Substance Abuse - Adult	All	1	2	3	4	5
Inpatient Substance Abuse - Geriatric	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Adolescent	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Adult	All	1	2	3	4	5
Intensive Outpatient Substance Abuse - Geriatric	All	1	2	3	4	5
Interpersonal Therapy	All	1	2	3	4	5
Laboratory Services Available	All	1	2	3	4	5
Mental Health Outpatient Counseling - Adolescent	All	1	2	3	4	5
Mental Health Outpatient Counseling - Adult	All	1	2	3	4	5
Mental Health Outpatient Counseling - Child	All	1	2	3	4	5
Mental Health Outpatient Counseling - Geriatric	All	1	2	3	4	5
Mental Health Residential Treatment Facility – Adult	All	1	2	3	4	5
Mental Health Residential Treatment Facility – Child/Adolescent	All	1	2	3	4	5



Services	Locations					
Methadone Maintenance	All	1	2	3	4	5
Multi Systemic Therapy	All	1	2	3	4	5
Partial Hospitalization	All	1	2	3	4	5
Peer Support – Mental Health	All	1	2	3	4	5
Peer Support – Substance Abuse	All	1	2	3	4	5
Screening and Assessment Services for MH or SUD	All	1	2	3	4	5
Suboxone Treatment for Opiate Addiction	All	1	2	3	4	5

Services	Locations					
Substance Abuse Outpatient Counseling - Adolescence	All	1	2	3	4	5
Substance Abuse Outpatient Counseling - Adult	All	1	2	3	4	5
Substance Abuse Outpatient Counseling - Geriatric	All	1	2	3	4	5
Telemedicine, Psychiatric	All	1	2	3	4	5
Transportation	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
	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
	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

AmeriHealth Caritas Next Behavioral Health Data Intake Form



Section 5 Instructions: Please complete all fields below, including practice location number(s). Check all appropriate categories 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	Specialty	Accepting New Patients?	Practitioner NPI	Practice Location Number for Practitioner	
						Taxonomy code	Age Range	Affiliated Hospital with Admitting Privileges		
Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

CAQH: Cultural Competency Training Completed? Yes No Exclude from Directory

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

Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

CAQH: Cultural Competency Training Completed? Yes No Exclude from Directory

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
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Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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Category	First Name	Last Name	MI	Degree/Title (e.g, MD, ARNP, MSW, etc.)	Gender	Specialty	Accepting New Patients?	Practitioner NPI	Practice Location Number for Practitioner	
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Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
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Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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Specialist Hospital Based Other					M	Specialty:	Accepting New Patients? Yes No	NPI	All	3
					F	Taxonomy:	From Ages ___ to ___ All Ages	Affiliated Hospital with Admit Privilege	1	4
									2	5

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