



ORGANIZATIONAL PROVIDER APPLICATION ATTACHMENT:

BEHAVIORAL HEALTH

INSTRUCTIONS:

Complete the below information to reflect your organization’s expertise and certified programs as it relates to Behavioral Health Care. If your organization includes more than one location, please complete one form per location. Return this form to the Network Development Department (netdev@icare-wi.org) within 14 days of receiving this request.

By checking the boxes below, you are attesting that your organization or individual practitioners are appropriately licensed and certified to provide these services to Wisconsin’s Medicare and/or Medicaid populations. **If you have more than one practitioner affiliated with your group, please attach a roster.**

Location Name:	
Address:	
Phone Number:	Fax Number:
Tax ID Number:	Group NPI:
Location Specialty Services:	
<input type="checkbox"/> Adolescent/ Child Psychotherapy <input type="checkbox"/> Addiction Disorders <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> AODA Treatment (Outpatient) <input type="checkbox"/> AODA Day Treatment- DHS 75.12 <input type="checkbox"/> Art/ Music Therapy <input type="checkbox"/> Biofeedback <input type="checkbox"/> Crisis Center <input type="checkbox"/> Community Support Program (CSP)- DHS 63 <input type="checkbox"/> Competency Testing <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Testing/ Screening <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Electronic Health Records (EHR) <input type="checkbox"/> Family Psychotherapy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Geriatric Psychotherapy <input type="checkbox"/> Grief Counseling <input type="checkbox"/> Group/ Family Psychotherapy	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hypnotherapy <input type="checkbox"/> Individual Psychotherapy <input type="checkbox"/> Inpatient Mental Health Treatment <input type="checkbox"/> Intensive Outpatient Program (IOP) <input type="checkbox"/> Intensive Outpatient Therapy <input type="checkbox"/> Medication Management <input type="checkbox"/> Mental Health Day Treatment- DHS 75.12 <input type="checkbox"/> Methadone Treatment <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Neuropsychological Testing <input type="checkbox"/> Personality Disorders <input type="checkbox"/> PTSD <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Suboxone Treatment <input type="checkbox"/> Traumatic Brain Injury (TBI)
Accessibility: <input type="checkbox"/> Accepting New Patients <input type="checkbox"/> Same Day Appointments	Population Served: <input type="checkbox"/> Children- Starting Age: _____ <input type="checkbox"/> Adults <input type="checkbox"/> Adolescents <input type="checkbox"/> Seniors