

OFFICE UPDATE FORM



Group Practice (Your practice employs multiple counseling staff).

Private Practice (Your practice does not employ multiple counseling staff).

Practice/Agency Name:

Tax ID Number:

Website:

Sign up for Direct Deposit:

CONTACT INFORMATION

Practice Primary Contact:

Primary E-mail:

Office Phone:

Office Fax:

Credentialing Contact:

Credentialing E-mail:

AVAILABILITY

Business Hours (9am-5pm)

Evening Hours

Weekend Hours

OFFICE INFORMATION

Home Office

Separate Entrance

Waiting Room

Handicap Accessible

Accessible via Public Transit

Physical Office Address:

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

Billing Address (if different):

City:

State:

Zip:

If you have additional office locations, please send extended list of the offices.

LIABILITY INSURANCE (Must include your current liability insurance face-sheet)

Liability Carrier:

Policy Number:

Limit of Coverage Single Occurrence:

Expiration Date:

Limit of Coverage For Aggregate:

INSURANCE PLANS ACCEPTED

Aetna

Magellan

Optum

Beacon Health Options

Managed Health Network

Pacifcare

Blue Cross Blue Shield

Medica

TriCare

Cigna

Medicaid

United Behavioral Health

ComPsych

Medical Assistance

United Health Group

Great West

Medicare

United Healthcare

Humana

MHNet

ValueOptions

Kaiser

Multiplan

None

Other: