BEHAVIORAL HEALTH CONTRACT REQUEST FORM

Contract Information: *The information you provide below will be printed on the Agreement and will be used to mail/email any Contractual Notices (Regulatory Updates, Amendments, etc…)*
This form and the information you provide is used by Sunshine Health to evaluate the offering of a Contract and is not representative of an application or a Legal Agreement.

Products: ☐ Medicaid ☐ Child Welfare Specialty Plan ☐ Children's Medical Services ☐ Serious Mental Illness Plan ☐ Medicare ☐ Commercial Exchange

Date: _____ **Specialty/Taxonomy:** _____ **Ages Seen:** _____
(Medicaid Provider use Medicaid PML, non Medicaid provider use NPPESS)

Legal Name: *(as it appears on W-9):* _____

D/B/A *(doing business as):* _____

Tax ID: _____ **Group/Facility Medicaid #:** _____ **Group Medicare #:** _____

Billing NPI: _____ **Group Taxonomy:** _____

Recipient: _____ **Title:** _____
(individual/department to whom notices will be mailed)

Email: _____ **Phone:** _____
(the contract will be sent to this email)

Address: _____
(future contractual notices will be mailed to this address)

City: _____ **ST:** (blank) **Zip:** _____ **County:** _____

Primary Location: _____ **Practice Website:** _____

After Hours Coverage? ☐ Yes ☐ No **Telemedicine Services?** ☐ Yes ☐ No

Sub Specialty/Services provided (if multiple, please hold CTRL and select)

N/A
Applied Behavioral Analysis (ABA)
Community Mental Health Center (CMHC)
Inpatient (IP)
Intensive Outpatient Program (IOP)

Telemedicine Only? ☐ Yes ☐ No **Does the group provide PCP services?** ☐ Yes ☐ No

Is the group PAR with any other state? ☐ Yes ☐ No **(If yes, please select state)** (blank)

ARNP's Only: Is the supervising Physician PAR with Sunshine/Ambetter/Wellcare? ☐ Yes ☐ No

NCQA Patient Centered Specialty Practice? ☐ Yes ☐ No

NCQA Behavioral Health (BH) Integration Distinction? ☐ Yes ☐ No

What other MCO's is the group contracted with? _____

Number of years in Business: _____