Updated Information Needed

License and/or Liability Insurance

Dear Provider

Please fill in the requested information below, and then return this form to us as soon as possible.

**You must return copies of your most recent license and/or professional liability insurance face sheet with this form**.

In order to permit us to better serve our clients, please take a few moments to update your information in regards to your practice.

**Insurances you are empaneled with:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Aetna | [ ]  Anthem | [ ]  BCBS | [ ]  Cigna |
| [ ]  GHI | [ ]  Harvard Pilgrim | [ ]  HealthNet | [ ]  Humana |
| [ ]  Magellan | [ ]  Health New England | [ ]  MassHealth | [ ]  Tufts |
| [ ]  Medicaid | [ ]  PHCS/ Multiplan | [ ]  Tricare/Champus | [ ]  MVP |
| [ ]  Medicare | [ ]  UBH, UMR, UHC | [ ]  Beacon/Carelon | [ ]  Allways |
| [ ]  Moda | [ ]  HealthFirst | [ ]  Connecticare/CTCare | [ ]  MMO |
| [ ]  Quartz | [ ]  Secure Health | [ ]  CDPHP | [ ]  NYSHIP |
| [ ]  BS of CA | [ ]  Geisinger | [ ]  Independent Health | [ ]  Fidelis |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Areas of Specialization:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Affective Disorders[ ]  Marriage/Couples | [ ]  Grief[ ]  Eating Disorders | [ ]  Drug/Alcohol Evaluation[ ]  Drug/Alcohol Treatment | [ ]  CISD/CISM[ ]  Trauma/PTSD |
| [ ]  Family | [ ] Christian Counseling | [ ] DOT Assessment/ SAP | [ ] Public Safety |
| [ ]  Children Less than 8 | [ ]  Anger Management | [ ]  Military/Veteran | [ ]  Fit for Duty |
| [ ]  Children Ages 8-13 | [ ] LGBTQ | [ ] Administrative Referrals | [ ] EMDR |
| [ ]  Children Ages 14-18 | [ ]  LGBTQ- Transitioning |

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After Hours Phone:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If you provide On-site Services)

[ ]  Telehealth/Virtual Counseling [ ]  Face to Face Counseling

Please Update the following: **(If your mailing Address has changed, please provide a new W9)**

Practice Address: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forms can be returned to: Fax: 585-593-6311, providers@theEAP.com**

**Mail: ESI EAP, 55 Chamberlain St, Wellsville NY 14895**

**Any questions please call: 800-821-5040**