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**