

Request for Application (RFA)—Provider

Complete the application request below to be considered for the Beacon Health Options Provider Network.



Please read the following before completing this form:

- Please complete this form if you are currently not a participating provider in our network.
- If your organization is already contracted for Beacon network participation, you do not need to complete the form. Please have your administrator reach out to our Provider Service Line at 800-397-1630.

Provider Information

Required fields throughout this form are noted with an asterisk (*).

Provider Name*	Social Security Number	License Discipline*
Date of Birth*	CAQH ID*	License Number
Medicare ID	Medicaid ID*	Individual NPI*
Practice*: Solo Group	Behavioral Health Provider? Yes No	
If Solo, are you joining a participating/contracted group with Beacon? Yes No		Beacon Provider ID: _____

Practice Name/Group Practice (As it appears on W-9)

If Group, please complete the following information below and provide a roster of your providers with Practitioner Full Name, Service Site Address, NPI and CAQH ID.

Group NPI*	Group TIN*	Group Medicaid ID	Total Providers in Group
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Requestor Information

If Requestor is same as Provider, skip this section

Requestor Name*	Title
Email*	Website
Phone Number*	Fax Number
Street Address	City, County, State, Zip Code

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Provider Specialties

From the list below, please select the top five areas for which you have training and expertise. Only indicated areas of expertise will be considered for review.

- | | | |
|-------------------------------|-------------------------------------|--|
| Adoption issues | Dual Diagnosis (MH/SUD) | Outpatient (Group, Family, Individual) |
| Anxiety/Depression | Eating Disorders | Post-traumatic Stress Disorder (PTSD) |
| Autism | Employee Assistance Program (EAP) | Residential Treatment |
| Alcohol Abuse | Grief/Bereavement | Sexual/Physical Abuse |
| Case Management | Marital/Couples Counseling | Telehealth Services |
| Child/Adolescent Issues | Medication Assisted Treatment (MAT) | Traumatic Brain Injury |
| Cultural and Linguistic Needs | Gender/Sexuality/Identity Issues | Others: |
| Domestic Violence | | |

Testing Specialties

- | | | |
|------------------------|----------------------------|----------------------|
| Autism: Certified BCBA | Psychological Testing | Others, please list: |
| ADD/ADHD | Neuropsychological Testing | |

Line of Business Affiliation

- | | | | |
|--------------------------|------------------------------|----------------------|----------|
| Commercial (HMO/PPO) | Federal (Military OneSource) | Medicare | Medicaid |
| Dual (Medicaid/Medicare) | EAP | Others, please list: | |

Attestation Statement

I certify that all information provided to Beacon Health Options is true and correct to the best of my knowledge and belief. I agree to notify Beacon Health Options promptly if there are any material changes in the information provided, whether prior to or after my acceptance as a Beacon Health Options participating provider. I understand and agree that if Beacon Health Options discovers that my application contains any significant misstatement, misrepresentations, or omissions, Beacon Health Options may void, in its sole discretion, this application and any related participating provider agreements. I understand that if Beacon Health Options extends credentialing to me, my Participating Agreement will include all lines of business. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue or incorrect could result in my application rejection or termination from the network.

Signature:

Legal Name of Organization Print Name of Individual Signing for Organization

Authorizing Signature and Title Date

Please return this form including the Terms and Conditions via fax to 888-643-4396 or email to RFA@beaconhealthoptions.com

Incomplete, incorrect, or illegible forms may delay or prevent proper processing.

If you have any questions, call the National Provider Service Line Monday through Friday, between 8 a.m. and 8 p.m. ET, at 800-397-1630.