

# Clinic Location Changes For Existing Clinic Contracts



Please complete this form to make location updates to your clinic contract with Evernorth Behavioral Health and provide the most up to date areas of practice for each service location.

**Required:** The "Areas of Service" section must be completed to load new service locations to your clinic.

Evernorth Behavioral Health has identified clinical specialties that require specific attestation of competency by practitioners. In order to list the specialty as an area of clinical practice, attestation is required below. For more information on attestation requirements, please reference the Onboarding section of the [Behavioral Administrative Guidelines](#). Any clinicians rendering services identified as requiring attestation or verification below must submit the Attested Specialty and/or Verified Specialty forms, both made available in Behavioral Administrative Guidelines.

Return this form and a current W-9 that matches what is on file with the IRS to the Behavioral Provider Contract Administration team by: • **Fax:** 1.860.906.3830 • **Email:** [BehavioralContAdmin@Evernorth.com](mailto:BehavioralContAdmin@Evernorth.com).

A confirmation email will be sent to the primary contracting email listed on the form within 2 business days of receipt of form.

Clinic Name: \_\_\_\_\_  
Legal/Taxpayer Name (as registered with the IRS): \_\_\_\_\_  
Tax ID #: \_\_\_\_\_  
If your organization uses multiple TIN'S, please provide a current W-9 and identify the Type II NPI affiliated to each TIN:  
Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_

## PRIMARY CLINIC CONTRACTING CONTACT

Please select your preferred way to receive the amendment:  
**Receive Amendment via DocuSign (electronic)**  **or** **Certified Mail**   
Primary Contracting Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Primary Contracting Email address: \_\_\_\_\_ Primary Contracting Telephone: \_\_\_\_\_  
Contracting name/DBA name: \_\_\_\_\_ Contract Email: \_\_\_\_\_  
Contract address: \_\_\_\_\_  
**Please note:** All contract related communications will be sent to the contact you designate in the contract mail field.

## CLINIC MAILING ADDRESS - NON-CONTRACT RELATED CORRESPONDENCE

Clinic Correspondence Mailing Address:  
Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CLINIC EMAIL ADDRESS

**Please provide a valid email address for each of the three categories so we may route our communications appropriately**  
General Communications: \_\_\_\_\_  
Credentialing/Contracting: \_\_\_\_\_  
Billing: \_\_\_\_\_  
Appointment availability: \_\_\_\_\_  
Office Website: \_\_\_\_\_  
 Clinic has the option for online scheduling.

## LOCATIONS AND CLINICIANS

### List ALL Office Locations and Clinicians

**LOCATION #1** Clinic/Evernorth Provider ID: \_\_\_\_\_  **Add**,  **Update** or  **Delete**

Db Name: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ TIN: \_\_\_\_\_

Office Email (to be displayed in the directory): \_\_\_\_\_ Handicap Accessible:  Yes  No

Essential Community Provider: (Check ALL that apply)

Federally Qualified Health Center  Family Planning Center  Other ECP  Ryan White Provider  Indian Health Provider

Non-Office Access Point? List the admin address above in the state in which non-office services are rendered.

Telehealth Only Telehealth State: \_\_\_\_\_

Home Visit Only Zip code Nearest Service Area: \_\_\_\_\_ (Only list one zip code per 25 mile radius.)

Does your Clinic provide Medication Assisted Treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy?

Yes  No

Non-Routine appointment access: Please indicate the populations served at this location:

<input type="checkbox"/> Crisis 24/7	<input type="checkbox"/> Crisis Non 24/7	<input type="checkbox"/> Children Ages 1-5	<input type="checkbox"/> Adolescents Ages 13-17
<input type="checkbox"/> Evening appts	<input type="checkbox"/> Weekend appts	<input type="checkbox"/> Children Ages 6-12	<input type="checkbox"/> Adults 18+
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fast Access	<input type="checkbox"/> Geriatric Ages 60+	

Languages available: \_\_\_\_\_

### CLINICIANS AT THIS LOCATION

CLINICIAN NAME	NPI	CLINICIAN NAME	NPI

**LOCATION #2** Clinic/Evernorth Provider ID: \_\_\_\_\_  **Add**,  **Update** or  **Delete**

Db Name: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ TIN: \_\_\_\_\_

Office Email (to be displayed in the directory): \_\_\_\_\_ Handicap Accessible:  Yes  No

Essential Community Provider: (Check ALL that apply)

Federally Qualified Health Center  Family Planning Center  Other ECP  Ryan White Provider  Indian Health Provider

Non-Office Access Point? List the admin address above in the state in which non-office services are rendered.

Home Visit Only Zip code Nearest Service Area: \_\_\_\_\_ (Only list one zip code per 25 mile radius.)

Does your Clinic provide Medication Assisted Treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy?

Yes  No

Non-Routine appointment access: Please indicate the populations served at this location:

<input type="checkbox"/> Crisis 24/7	<input type="checkbox"/> Crisis Non 24/7	<input type="checkbox"/> Children Ages 1-5	<input type="checkbox"/> Adolescents Ages 13-17
<input type="checkbox"/> Evening appts	<input type="checkbox"/> Weekend appts	<input type="checkbox"/> Children Ages 6-12	<input type="checkbox"/> Adults 18+
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fast Access	<input type="checkbox"/> Geriatric Ages 60+	

Languages available: \_\_\_\_\_

### CLINICIANS AT THIS LOCATION

CLINICIAN NAME	NPI	CLINICIAN NAME	NPI

**LOCATION #3** Clinic/Evernorth Provider ID: \_\_\_\_\_  **Add**,  **Update** or  **Delete**

Db Name: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ TIN: \_\_\_\_\_

Office Email (to be displayed in the directory): \_\_\_\_\_ Handicap Accessible:  Yes  No

Essential Community Provider: (Check ALL that apply)

Federally Qualified Health Center  Family Planning Center  Other ECP  Ryan White Provider  Indian Health Provider

Non-Office Access Point? List the admin address above in the state in which non-office services are rendered.

Home Visit Only Zip code Nearest Service Area: \_\_\_\_\_ (Only list one zip code per 25 mile radius.)

Does your Clinic provide Medication Assisted Treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy?

Yes  No

Non-Routine appointment access: Please indicate the populations served at this location:

<input type="checkbox"/> Crisis 24/7	<input type="checkbox"/> Crisis Non 24/7	<input type="checkbox"/> Children Ages 1-5	<input type="checkbox"/> Adolescents Ages 13-17
<input type="checkbox"/> Evening appts	<input type="checkbox"/> Weekend appts	<input type="checkbox"/> Children Ages 6-12	<input type="checkbox"/> Adults 18+
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fast Access	<input type="checkbox"/> Geriatric Ages 60+	

Languages available: \_\_\_\_\_

### CLINICIANS AT THIS LOCATION

CLINICIAN NAME	NPI	CLINICIAN NAME	NPI

**LOCATION #4** Clinic/Evernorth Provider ID: \_\_\_\_\_  **Add**,  **Update** or  **Delete**

Db Name: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ TIN: \_\_\_\_\_

Office Email (to be displayed in the directory): \_\_\_\_\_ Handicap Accessible:  Yes  No

Essential Community Provider: (Check ALL that apply)

Federally Qualified Health Center  Family Planning Center  Other ECP  Ryan White Provider  Indian Health Provider

Non-Office Access Point? List the admin address above in the state in which non-office services are rendered.

Home Visit Only Zip code Nearest Service Area: \_\_\_\_\_ (Only list one zip code per 25 mile radius.)

Does your Clinic provide Medication Assisted Treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy?

Yes  No

Non-Routine appointment access: Please indicate the populations served at this location:

<input type="checkbox"/> Crisis 24/7	<input type="checkbox"/> Crisis Non 24/7	<input type="checkbox"/> Children Ages 1-5	<input type="checkbox"/> Adolescents Ages 13-17
<input type="checkbox"/> Evening appts	<input type="checkbox"/> Weekend appts	<input type="checkbox"/> Children Ages 6-12	<input type="checkbox"/> Adults 18+
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fast Access	<input type="checkbox"/> Geriatric Ages 60+	

Languages available: \_\_\_\_\_

## CLINICIANS AT THIS LOCATION

CLINICIAN NAME	NPI	CLINICIAN NAME	NPI

**LOCATION #5** Clinic/Evernorth Provider ID: \_\_\_\_\_  **Add**,  **Update** or  **Delete**

Db Name: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ TIN: \_\_\_\_\_

Office Email (to be displayed in the directory): \_\_\_\_\_ Handicap Accessible:  Yes  No

Essential Community Provider: (Check ALL that apply)

Federally Qualified Health Center  Family Planning Center  Other ECP  Ryan White Provider  Indian Health Provider

Non-Office Access Point? List the admin address above in the state in which non-office services are rendered.

Home Visit Only Zip code Nearest Service Area: \_\_\_\_\_ (Only list one zip code per 25 mile radius.)

Does your Clinic provide Medication Assisted Treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy?

Yes  No

Non-Routine appointment access: Please indicate the populations served at this location:

<input type="checkbox"/> Crisis 24/7	<input type="checkbox"/> Crisis Non 24/7	<input type="checkbox"/> Children Ages 1-5	<input type="checkbox"/> Adolescents Ages 13-17
<input type="checkbox"/> Evening appts	<input type="checkbox"/> Weekend appts	<input type="checkbox"/> Children Ages 6-12	<input type="checkbox"/> Adults 18+
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fast Access	<input type="checkbox"/> Geriatric Ages 60+	

Languages available: \_\_\_\_\_

## CLINICIANS AT THIS LOCATION

CLINICIAN NAME	NPI	CLINICIAN NAME	NPI

### CLINIC SPECIALTIES AND ATTESTATION

Does your Clinic provide methadone treatment?  Yes  No

Participate in Evernorth Fast Access Network Attestation

**Fast Access Network:**  
 Evernorth Behavioral Health's Fast Access Network is a subset of our existing provider network that is dedicated to the timely delivery of mental health treatment to our customers. As the stigma surrounding seeking mental health and substance use treatment continues to decrease, a growing number of our customers are in need of your services. As a participating provider in our Fast Access Network, you can help remove barriers to care by guaranteeing routine appointments for first-time patients following the criteria below:

- Guaranteed access for first-time routine appointments:
  - Five business days for counseling/therapy
  - 15 business days for a prescriber appointment
- Offer video-based telehealth services or willingness to implement capability within one year
- Offer Employee Assistance Program (EAP) services, when applicable
- Collaborate with a patient's primary care provider (PCP) or other relevant medical providers
- If unavailable when a patient calls, guarantee return calls within one business day

We agree that by selecting specialty services below, our clinic is attesting that competencies and licensing requirements have been met.

**Please provide areas of practice by location number listed above (1,2,3 etc.)**

SELF-REPORTED SPECIALTIES	LOCATIONS
ADHA/ADD	
Adoption Issues	
AIDS/HIV	
Anger Management	
Anxiety Disorder	
Bipolar Disorder	
Bisexual/GayLesbian	
Borderline Personality Disorder	
Conduct/Disruptive Disorder	
Cultural/Ethnic Issues	
Depression	
Dissociative Disorder	
Domestic Violence	
Faith-Based Counseling	
Family Therapy	
Fertility Issues	
First Responder	
Gambling Addictions	
Gender Identity/Transgender	
Grief/Loss	
Healthcare Professional	
Home Visits	
Marital/Couple Therapy	
Medical Issues/Illness	
Minority Issues	
Obsessive Compulsive D/O	
Panic Disorder	
Phobias	
Psychological Testing	
Psychotic Disorders	
PTSD	
Sexual Abuse/Incest	
Transcranial Magnetic Stimulation (TMS)	

<b>ATTESTED SPECIALTIES</b>	<b>LOCATIONS</b>
Employee Assistance Professional (CEAP)	
Employee Educational Seminars	
EAP Supervisory Training Sessions	
Substance Abuse Expert	
Critical Incident Response (CIR) Service	
Provide General Referrals	
Substance Abuse Professional (SAP) Certified	
Borderline Personality Disorder	
Conduct/Disruptive Disorder	
Cultural/Ethnic Issues	
Depression	

<b>VERIFIED SPECIALTIES</b>	<b>LOCATIONS</b>
Alcohol and Substance Use	
Autism - Applied Behavior Analysis (ABA)	
Autism - Social Skills Group	
Autism - Testing and Assessment	
Autism - Treatment	
Developmental Disorders	
Dialectical Behavior Therapy (DBT)	
Dialectical Behavior Therapy (DBT) - Adherent	
Dual Diagnosis	
Eating Disorder	
EMDR	
MAT: buprenorphine/Suboxone®	
MAT: VIVITROL®	
Maternal Mental Health	
Neuropsychological Testing	
Pain Management	
Sexual Disorders	
Sexual Offenders	

All Evernorth products and services are provided exclusively by or through operating subsidiaries of Evernorth, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. The Evernorth name, logo, and other Evernorth marks are owned by Evernorth Intellectual Property, Inc. © 2022 Evernorth.

© 2022 Evernorth. Some content provided under license.