



## Provider Enrollment Form

### Practitioner Contact

CAQH ID #	15568127
Practitioner NPI #	1528490216
Provider Type	1) I am a new individual / solo practitioner.
Be Part Of A Group	True
Contract With Carelon	False
Be Part Of A Group Type	New group
Group NPI	1780451732
Group Tax ID	933570899
Carelon Group ID	
How does the practitioner want to be contracted? Be contracted under the group above and	
Carelon Practitioner ID	
Practitioner's Last Name	Martinez
Practitioner's First Name	Cynthia
Practitioner's Middle Name	
Practitioner's Other Name (maiden, etc.)	
Gender	Female
Social Security	114824593
Tax ID (EIN)	933570899
Date of Birth	11 /25/1981
Correspondence Address Line 1	16 Lenmore Dr
Address Line 2 (Unit #, Ste #, etc.)	
City	Old Bethpage
State	NY
County	Nassau
Zip Code	11804-1119
Email Address	julia@amromed.com
Confirm Email Address	julia@amromed.com
Web Address	
Phone Numbers (Include area code)	
Telephone #	917-496-6144
Fax #	
Requesting Individual (if submitting on behalf of the provider)	
Name	Julia Anderson
Title	Credentialing Specialist
Telephone #	909-575-1027
Email	julia@amromed.com
Race	
Ethnicity	

### Expertise

Highest Degree Of Licensure	Behavioral Analyst		
Are you a APNs and/or PAs?	No		
For APNs and PAs only: I affirm I have a Collaborative Agreement with a supervising physician	False		
<b>Population Treated</b>	<b>% of Practice</b>	<b>Are you accepting new patients?</b>	
	Child (0-5)	20	True
	Child (6-12)	20	True
	Adolescent (13-17)	20	True
	Adult (18-64)	20	True
	Geriatric (65+)	20	True
<b>Total Percent of Practice</b>		<b>100</b>	
Practice Limitations	None		
<b>Modalities Treated</b>	<b>% of Practice</b>		
	Inpatient		
	Day Treatment		
	Outpatient	100	
	Intensive Outpatient (facility based)		
<b>Total % of Practice</b>		<b>100</b>	
Are you interested in becoming a Military OneSource Provider?	No		
Are you interested in becoming an EAP Provider?	No		
Languages	English		
Other Language			

Clinical Specialties	APPLIED BEHAVIOR ANALYST
Therapeutic Modalities	BEHAVIOR MODIFICATION THERAPY
<b>Indicated Specialties</b>	
Independent Licensure	
10-20 hours of documented training (continued education, etc) in past 1-2 years (and/or internship or post- doctoral fellowship in specialty)	
200 hours of direct clinical contact in past 5 years	
Access to (check one or all of the following)	
Supervision with a professional in the field	
Supervision with a peer supervision group	
Access to a prescribing provider (network or out-of-network)	
What percentage of your practice involves eating disorders?	
Are you a member of a state or national Eating Disorders provider network?	
If so, please indicate which organization(s)	
Are you prepared to do the necessary collateral work required for this population? (Work with this population requires coordination and collaboration with client's medical provider, dietician, family therapist, etc.)	
Do you have 2 years of EAP experience or 6 CEU's of SUD training?	

## Locations

Site Name	Progressive Applied Behavior Analysis PLLC		
Corporate or d/b/a Name (if different than Site Name)			
Solo NPI	1780451732		
Site Tax ID	933570899		
<b>Practice Address</b>			
Address	16 Lenmore Dr		
Address 2			
City	Old Bethpage		
County	Nassau		
State	NY		
Zip Code	11804-1119		
<b>Billing Address</b>			
Billing address same as practice address	True		
Address	16 Lenmore Dr		
Address 2			
City	Old Bethpage		
County	Nassau		
State	NY		
Zip Code	11804-1119		
<b>Office Hours</b>	<b>Open</b>	<b>Close</b>	
	<b>Monday</b>	09:00 am	06:00 pm
	<b>Tuesday</b>	09:00 am	06:00 pm
	<b>Wednesday</b>	09:00 am	06:00 pm
	<b>Thursday</b>	09:00 am	06:00 pm
	<b>Friday</b>	09:00 am	06:00 pm
	<b>Saturday</b>		
	<b>Sunday</b>		
Individual Medicaid #	Pending		
Group Medicaid #	Pending		
Individual Medicare #	N/A		
Group Medicare #	N/A		
I affirm that Location is Accessible by Public Transportation	True		
I affirm that Location is Handicap Accessible	True		
I affirm that Location is ADA Compliant	True		
How can you be reached after hours?	Self		
Name	Cynthia E Martinez		
Phone #	917-496-6144		

## Attachments

Attachment Name	W9 Progressive Applied Behavior Analysis PLLC.pdf
Attachment Size	292791 bytes
Document Type	W-9
Attachment Name	Board.pdf
Attachment Size	808462 bytes
Document Type	Board Certification

Expiration Date	
Attachment Name	Copy PLI.pdf
Attachment Size	52597 bytes
Document Type	Malpractice Insurance
Expiration Date	
Attachment Name	Resume.pdf
Attachment Size	101531 bytes
Document Type	Resume/CV

Attestations	
I agree to the terms and conditions of the Specialty Attestation.	True
I, as a duly authorized representative of the practitioner or organization seeking network participation, have read and understand the Carelon Cultural Competency Training.	True
I agree to the terms and conditions of the Participant Attestation.	True
I agree to the terms and conditions of the Telehealth Attestation.	True

Final Attestation	
I agree to all the attestations checked on the above and all terms and conditions of the Carelon Health Provider Program.	True
Full Name	Cynthia E Martinez
Date	05/01/2024