



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

Provider Application Checklist

Name of Provider: _____

This checklist provides a quick reference to the information that should accompany your application. If an item does not apply, please mark that item "N/A." Please complete both the Treatment Provider Application (including the signed Certification and Authorization) and the checklist in full to be considered for network affiliation.

- Checklist – completed and returned with application;
- Signed application – all pages including the Certification and Authorization and form (page 10) must be **fully completed**;
- Treatment Provider Affiliation Agreement and Attachment A (*original agreement must be signed, dated, and returned*);
- W-9 Form – **must be signed and dated**;
- Curriculum Vitae or Resume *-must be month/year specific, beginning with your current practice*;
- Current State License(s)/State Certification(s) –photocopy with expiration date;
- Professional Liability Insurance Policy – photocopy of current policy declaration page indicating limits and expiration date;
- Certificate of Completion from professional training program, school and/or residency training;
- ECFMG Certification, if applicable;
- Current Federal Drug Enforcement Agency (DEA) Registration, if applicable;
- Specialty Board Certificate(s) – photocopy, if applicable;
- Current Continuing Education Units (CEU) – **CEU's for the past 2 years, if you specialize in Child/Adolescent or Substance Abuse. CEUs must be directly related to the specialty.**

***PLEASE NOTE:** A complete application will be processed in a timely manner. An incomplete application will delay your network affiliation. **ONLY the original BHS Application and Affiliation Agreements are accepted. Copies of BHS applications, State-approved applications and copies of the Affiliation Agreements are not acceptable.**

**MAIL APPLICATION to: Behavioral Health Systems, Inc.
Provider Relations Division
PO Box 830724
Birmingham, AL 35283-0724**