

## Add a New Provider to a Currently Contracted Practice/Group- Behavioral Health

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Provider Name

Include First Name, Middle Initial, and Last Name

NPI (Type I)

10 Digit Number

Degree

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### Special populations served *Check all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Adolescents  | <input type="checkbox"/> Geriatrics   |
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Homelessness   |
| <input type="checkbox"/> Child welfare  | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)                                 |
| <input type="checkbox"/> Children   | <input type="checkbox"/> Military and veterans  |
| <input type="checkbox"/> Children or child in care of or custody of DCYF<br>(Department of Children and Families) | <input type="checkbox"/> Youth affiliated with DYS (Department of Youth Services)<br>either detained or committed |

### Attributes and Modalities of Care *Check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT)       | <input type="checkbox"/> Neuropsychological Testing (Children)   |
| <input type="checkbox"/> Dialectical Behavioral Therapy (DBT)     | <input type="checkbox"/> Play Therapy                            |
| <input type="checkbox"/> Group Therapy                            | <input type="checkbox"/> Postpartum Depression and/or Psychosis  |
| <input type="checkbox"/> Marriage and Family Therapy              | <input type="checkbox"/> Prolonged Exposure                      |
| <input type="checkbox"/> Medical Illness Therapy                  | <input type="checkbox"/> Psychological Testing (Adults)          |
| <input type="checkbox"/> Medication Management and Therapy        | <input type="checkbox"/> Psychological Testing (Adolescents)     |
| <input type="checkbox"/> Neuropsychological Testing (Adults)      | <input type="checkbox"/> Psychological Testing (Children)        |
| <input type="checkbox"/> Neuropsychological Testing (Adolescents) | <input type="checkbox"/> Transcranial Magnetic Stimulation (TMS) |

Physical conditions:

- Blindness or visual impairment
- Deafness or hard of hearing
- People with disabilities
- Physical disabilities

**Areas of Expertise** *Check all that apply*

- Adoption
- Anxiety
- Autism spectrum disorders
- Brain injury
- Compulsive gambling
- Crisis intervention
- Developmental disabilities
- Fire setting
- Gender identity disorder
- Grief counseling
- Infertility
- Methadone maintenance
- Obsessive-compulsive disorder (OCD)
- Phobic disorders
- Race based trauma
- Serious mental illness
- Sexual dysfunction
- Sleep disorders
- Suicide prevention
- Trauma
- Anger management
- Attention-deficit/hyperactivity disorder (ADHD)
- Bipolar disorder
- Chronic illness
- Co-occurring disorders
- Depression
- Eating disorders
- Foster care
- Geriatric behavioral health
- HIV/AIDs
- Learning disabilities
- Mood disorders
- Personality disorders
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Sexual abuse/rape trauma
- Sexual offenders
- Substance use
- Transgender