



CLINICAL PROVIDER APPLICATION FORM

Date: _____

(1) Organization: _____

(2) Individual: _____

(3) Title: _____

(4) Address: _____

(5) Alternate Address: _____

(6) Direct Contact:

Office Phone (____) ____ - ____ Fax (____) ____ - ____ Cell (____) ____ - ____

Email: _____ Web Site _____

(7) Tax ID # _____

(8) Treatment Modes: Briefly explain the modalities and theoretical orientation dominant in your work:

If you lead groups, please describe:

(9) Indicate your areas of expertise.

(10) Indicate Special Populations Served.

Please indicate the types of clients that you will not accept:

Language Fluency Other Than English: _____



(11) Affiliations/Insurance Networks: Please name and describe your professional affiliations: Preferred Provider Network, Managed Care Organizations, Hospitals, Doctors Groups, Community Agencies and EAP's etc.

(12) Are you currently or have you previously been involved in any professional liability litigation? Yes No
If yes, explain, using a separate sheet if necessary _____

(13) Do you provide 24 -hour coverage for your clients? Yes No

(14) Do you provide back-up coverage for your clients when you are on vacation? Yes No

(15) Malpractice Insurance Carrier _____
Effective date ____/____/____ to ____/____/____ Coverage \$ _____ / \$ _____

(16) Are you currently, or have you ever been involved in an incident which involved your Malpractice Insurance Carrier? Yes No
If yes, please explain

(17) Describe any expertise working with EAP's:

(18) How did you find out about REACH?

(19) List three professionals from whom you currently receive referrals or have professional affiliations and whom we may call for references.

Name Phone # ()

Name Phone # ()

Name Phone # ()

Please note REACH does not provide treatment -based psychotherapy or counseling services. REACH counselors and affiliates, unless notified otherwise, are authorized to provide EAP services to assess presenting concerns, provide problem resolution, and/or help with a referral for treatment focused care. If you have questions regarding this scope of EAP care please contact REACH.

Thank you for taking time to complete this application. After careful review our provider relations department will be in touch and/or will send out an agreement letter with any further request.