St. Clair County Community Mental Health

Provider Enrollment Information and Consent

Instructions:

Please fill out the applicable fields below, ensuring that the information provided is complete, accurate, and legible. Missing or incomplete information may result in delays in the enrollment process. If a section does not apply, please enter "N/A."

- If you'd prefer to **opt out** of SCCCMH maintaining your CAQH profile, please provide your name below and then proceed ahead to the **"Consent & Authorization"** section.

Personal Information:

First Name: _____ Last Name: _____

Other Names *(if applicable)*: _____

Date of Birth: _____ Social Security Number (SSN): _____-_____-_____

Professional IDs:

Provider Type: ☐ LMSW ☐ LPC ☐ LLP ☐ MD/DO ☐ NP ☐ OTR/OTD

Medicare # *(if previously enrolled)*: _____ NPI #: _____

State License #: _____ Effective Dates of License: _____ - _____

DEA # *(if applicable)*: _____

Education:

Medical/Professional School: _____

Year of Graduation: _____

Areas of Clinical Practice *(select all that apply)*:

☐ ADHD	☐ Anger Management	☐ Anxiety Disorders
☐ Bipolar Disorder	☐ Borderline Personality Disorder (BPD)	☐ Depression
☐ Dissociative Disorder	☐ Family Therapy	☐ Gender Identity/Transgender
☐ Grief/Loss	☐ Healthcare Professional *(if none apply)*	☐ Obsessive Compulsive Disorder (OCD)
☐ Panic Disorder	☐ Phobias	☐ Psychotic Disorders *(e.g., Schizophrenia)*
☐ Post-Traumatic Stress Disorder (PTSD)	☐ Sexual Abuse/Trauma	☐ Suicidal Ideation & Thoughts

Consent & Authorization:

☐ **I authorize** St. Clair County Community Mental Health (SCCCMH) to use the information provided above to enroll, create, and maintain my CAQH profile and insurance enrollment applications on my behalf.

☐ **I do NOT authorize** SCCCMH to manage my CAQH profile or insurance enrollments. I understand that I will be responsible for maintaining my own enrollments and account, and for ensuring all information is complete and up to date.

_____ _____

Staff Signature Date

Please submit the completed form to **Brianna Thompson** via email at bthompson@scccmh.org or through interoffice mail to the Electric Avenue office.