



Interested in joining Mercy's Managed Behavioral Health Network?

Provider Panel Criteria: Providers must be fully licensed and able to practice independently.
(Provisionally licensed providers are unable to join the MMBH network)

1. Please complete this form
2. Include a copy of your resume
3. Fax this information to 314-729-4636 **ATTN: Donna Schmitz**

Provider's Full Name: _____

Degree Level: _____ License Type: _____

Practice Address: _____

City: _____ State: _____ Zip: _____ County: _____

Please list your specialties (top 5 issues you help members with): _____

E-mail: _____

Please check your response:

- Are you an existing BC/BS provider? ☐ Yes ☐ No
- Are you a Medicare provider? ☐ Yes ☐ No
- Are you a Medicaid provider? ☐ Yes ☐ No
- Are you on the Medicare Opt Out list? ☐ Yes ☐ No
- Are you an existing **Mercy EAP** provider? ☐ Yes ☐ No

The MMBH Credentialing Committee meets monthly and will review your information by comparing it to the providers with the same geographic location and specialties already on our panel to determine if we have a need. Once a determination has been made, you will be notified by MMBH.

For questions please call: Donna Schmitz, MMBH Provider Relations, 314-729-4475