

## Interested in joining Mercy's Managed Behavioral Health Network?

<u>Provider Panel Criteria</u>: Providers must be fully licensed and able to practice independently. (Provisionally licensed providers will be 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: Cathy Bongner

Provider's Full Name:			
Degree Level:	License Type:		
E-mail:		Cell Phone:	
Practice Name:	Offic	ce Phone:	
Practice Address:			
City:	State: Zip:	County:	
Please list your specialties (top 5 is	ssues you help members	with):	
Please check your response:			
<ul> <li>Are you an existing BC</li> </ul>	C/BS provider?	[ ] Yes [ ] No	
<ul> <li>Medicaid Provider Nu</li> </ul>	mber:		
<ul> <li>Medicare Provider Nu</li> </ul>	ımber:		
<ul> <li>Commercial/Medicare</li> </ul>	e Advantage Provider:	[ ] Yes [ ] No	
<ul> <li>Are you on the Medic</li> </ul>	are Opt Out list?	[ ] Yes [ ] No	
<ul> <li>Are you an existing M</li> </ul>	ercy EAP provider?	[ ] Yes [ ] No	
Are you an ABA provide	der?	[ ] Yes [ ] No	
Are you an MAT (Med	lication Assisted		
Treatment) provide	er?	[ ] Yes [ ] No	
<ul> <li>If you are a PA or NP,</li> </ul>			
Sponsoring physici	•		

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: Cathy Bongner, 314-723-4479; or Donna Schmitz, MMBH Provider Relations, 314-729-4475.