



## 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 will be unable to join the MMBH network)*

1. Please complete this form
2. Include a copy of your resume
3. Email this information to  
[MMBHProviderRelationsTeam@Mercy.net](mailto:MMBHProviderRelationsTeam@Mercy.net) or Fax  
to 314-729-4636 ATTN: Provider Relations Email

Provider’s Full Name: \_\_\_\_\_

Degree Level: \_\_\_\_\_ License Type: \_\_\_\_\_

TIN: \_\_\_\_\_ Indiv. NPI: \_\_\_\_\_ Group NPI: \_\_\_\_\_

Provider E-mail: \_\_\_\_\_ Office E-mail: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

### Please check your response:

- Are you an existing BC/BS provider? [ ] Yes [ ] No
- If no, are you in the process of joining the BC/BS network? [ ] Yes [ ] No
- Medicare Provider Number: \_\_\_\_\_
- Commercial/Medicare Advantage Provider: [ ] Yes [ ] No
- Are you on the Medicare Opt Out list? [ ] Yes [ ] No
- Telehealth/Telemedicine Provider? [ ] Yes [ ] No
- If yes, do you also offer face to face visits in an office setting? [ ] Yes [ ] No
- Are you an existing **Mercy EAP** provider? [ ] Yes [ ] No
- Are you an ABA provider? [ ] Yes [ ] No
- Are you an MAT (Medication Assisted Treatment) provider? [ ] Yes [ ] No
- If you are a PA or NP, who is your Sponsoring Physician?  
\_\_\_\_\_

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 Chris Warren at 314-749-4479 or Donna Schmitz at 314-729-4475.**