

**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 electronic form**
2. **Include a copy of your resume**
3. **Email this information to** **MMBHProviderRelationsTeam@Mercy.net or**

**Fax to 314-729-4636 ATTN: Provider Relations Email**

Provider’s Full Name: Click or tap here to enter text.

Degree Level: Click or tap here to enter text. License Type: Click or tap here to enter text.

TIN: Click or tap here to enter text. Indiv. NPI: Click or tap here to enter text.

Group NPI: Click or tap here to enter text. Provider E-mail: Click or tap here to enter text.

Secondary E-mail: Click or tap here to enter text. 🡪 [ ] Office Staff or [ ] Credentialing Specialist

Practice Name: Click or tap here to enter text. Office Phone: Click or tap here to enter text.

Practice Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text. County: Click or tap here to enter text.

Please list your specialties (top 5 issues you help members with): Click or tap here to enter text.

**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: Click or tap here to enter text.
* Commercial/Medicare Advantage Provider: [ ] Yes [ ]  No
* Are you on the Medicare Opt Out list? [ ] Yes [ ]  No
* Which type of services do you offer (select all that apply):
	+ Telephonic (telephone/**no video**) [ ] Yes [ ]  No
	+ Telehealth/Telemedicine (telephone **with HIPAA compliant video**) [ ] Yes [ ]  No
	+ Face-to-Face (services **performed in 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? Click or tap here to enter text.

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 314-729-4479 or Donna Schmitz at 314-729-4475.***