

**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](mailto: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.***