



BEHAVIORAL HEALTH AREAS OF SPECIALIZATION

Provider Name: _____

Provider Tax ID: _____ Provider NPI #: _____

Provider Medicaid/Medicare ID#: _____

Line of Business: Medicaid Medicare

Provider Type: Tier 1 Tier 2 Tier 3 (specify specialty): _____

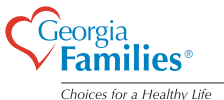
Individual Group Practice Residential Behavioral Health Hospital

MD/DO PA PsyD/PhD LCSW LPC LMFT Other (specify): _____

Area/Counties Served (Please list all that apply):

Provider Mailing Address/Phone:

Provider Physical Address/Phone:



Proudly serving Georgia Families®, PeachCare for Kids® and Planning for Healthy Babies® members

Additional Locations: (Please list all address, phone numbers and Medicaid IDs for each location. Add additional sheets if necessary.)

Provider/Group Practice Hours:

Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Do you provide 24-hour crisis management? Yes No

If yes, please provide a contact number: _____

Do you have the ability to schedule an appointment within 24 hours for crisis? Yes No

Age Groups:

Children (ages 2-12) Adolescents (ages 13-18) Adults (ages 18-99+) Geriatrics (ages 65-99+)

Language Fluency: English Spanish Other (please specify) _____

Are you accepting new members? Yes No

Is this facility classified as an FQHC/RHC? Yes No

Authorization and Contact Information:

Contact Name: _____

Contact Phone Number: _____ Contact Email Address: _____

Authorized Signature (required): _____

Name and Title of Authorized Person: _____

I certify that the above information is complete and accurate to the best of my knowledge. This form will be returned and unprocessed if information or a signature is missing. Mail the completed form and any documentation to the address below or fax it to the number below:

Mail to: WellCare of Georgia
Attn: Network Development
211 Perimeter Center Parkway
Suite 800
Atlanta, GA 30346

Fax: 813-675-2643
Email: GaProviderData@wellcare.com

AREAS OF SPECIALIZATION

(Please check all that apply)

Abuse	Intensive Family Intervention (IFI)
Acute Hospitalization	Intensive Outpatient Program (BH)
Addictionologist	Juvenile Justice Issues
ADHD	Medication Management
Aggression	Methadone
Anxiety	Neuropsychology
Attachment and Bonding	Neuropsych Testing
Autism	Pain Management
Behavioral Health Crisis Center	Partial Hospitalization Program
Behavioral Health Home (BHH)	Peer Supports (Adult, C&A, Parent)
Bipolar Disorder	Personality Disorders
CBT	Play Therapy (RPT)
Child Welfare Issues	Phobias
Club House (MH, A&D)	Post-Traumatic Stress Disorder
Community Support Team	Psychological Testing
Compulsive Behaviors	Psychosocial Rehab
Crisis Service Center	Religion Based
Crisis Stabilization Unit	Sex Abuse (victim, perpetrator)
DBT	Sex Addiction
Depression	Sexual Dysfunction
Developmental Disabilities	Sexual Orientation
Dual Diagnosis	Sex Trafficking
Domestic Violence	Smoking Cessation
Drug/Alcohol Issues	Stress Management
Eating Disorder (PHP)	Substance Abuse Assessment
Eating Disorders	SA Intensive Outpatient Program (SAIOP)
EMDR	Telehealth/meds (presenting, receiving)
Family Issues	Trauma
Gambling	Trauma Assessment
Gender Issues	Trauma Focused CBT
Grief/Loss	Women's Issues
HIV/AIDS	Other: _____
Intensive Case Management	