



Fax Message

To: Tammy
Fax: 8886916040
From: Kurneta, Paul C
Date: 3/1/2010 10:08 AM
Pages: 1 of 3 (including this page)
Subject: [SEND SECURE]Aetna

Disclaimer:

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you received this communication in error, please notify the sender at the phone number above.

NOTICE TO RECIPIENT(S) OF INFORMATION:

Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Aetna Behavioral Health Request For Application

Thank you for your interest in joining Aetna's Behavioral Health network. The information below is needed in order to process your application request. **Please fax this completed form to Aetna Behavioral Health Network at 215-775-9030.** Please do not include attachments at this time.

You should receive an acknowledgement of your request within 10-14 business days, once we receive your "Request for Application" form. Please note that completion of the "Request for Application" form does not guarantee participation in Aetna's Behavioral Health network.

We participate in the Council for Affordable Quality Healthcare (CAQH) initiative to simplify the credentialing process by eliminating extensive paperwork. You may receive a Provider Outreach Kit and additional information from CAQH about its Universal Provider DataSource service. **Note:** As a practitioner, you have the right to correct discrepant or erroneous information by working directly with any reporting entities used during the credentialing process

Please print legibly inside the boxes provided

Requestor Name, Requestor Phone Number/Extension:

Practitioner Information:					
Last Name:		First Name:		MI:	
Date of Birth (mm/dd/yyyy):		Email Address:		Degree Type:	
Specialty in which you are applying:					
Applying as: <input type="checkbox"/> Primary Care Physician (PCP) <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional					
Practitioner License			State in which Practitioner License is issued:		
Tax Identification Number (if joining an Aetna participating group, please use the group's Tax ID to associate the request with the participating group): Please circle one: E or S					
Are you registered with CAQH? <input type="checkbox"/> Yes <input type="checkbox"/> No			List your CAQH Identification Number:		
Service Location Information:					
Service Location Street:					
Suite:		City:	State:	County:	Zip Code:
Service Location Phone Number:		Service Location Fax Number:			
Practice/Group Name:					
Mailing Address Information: Complete ONLY if Mailing Address is different from the Service Location Address					
Mailing Address Street:					
Suite:		City:	State:	Zip Code:	
Individual/Group National Provider Identifier (NPI) Information:					
NPI Contact Name:					
NPI Contact Telephone Number (Include Area Code)		Entity Type:		Individual/Group NPI Number:	
Does the NPI apply to all providers using your Tax Identification Number?	Does the NPI apply to Tax Identification Numbers for this provider only?	Does the NPI apply to all Service Locations and Billing Addresses for your Tax Identification Number?	Does the NPI apply to all Service Locations and Billing Addresses for this provider only?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital Affiliation Information:					
Do have hospital/facility admitting privileges?					
Hospital name:			Usage %:		
Hospital name:			Usage %:		
Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)					



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Hospital name: _____ Usage %: _____

Populations You Work With:

<input type="checkbox"/> Children Ages: 0 to 12	<input type="checkbox"/> Adult Ages: 18 to 64
<input type="checkbox"/> Adolescents Ages: 12 to 17	<input type="checkbox"/> Seniors Ages: 65 to 150
Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Spoken by Provider:

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Other Language
<input type="checkbox"/> Other Language	<input type="checkbox"/> Other Language
<input type="checkbox"/> Other Language	<input type="checkbox"/> Other Language
<input type="checkbox"/> Other Language	<input type="checkbox"/> Other Language

Provider Practice Focus – Please check up to eight (8) areas of focus:

<input type="checkbox"/> Addiction Psychiatry	<input type="checkbox"/> Dialectic Behavioral Therapy	<input type="checkbox"/> Neuropsych Testing
<input type="checkbox"/> Addiction Specialist	<input type="checkbox"/> Dissociative Disorder	<input type="checkbox"/> Obsessive–Compulsive Disorder
<input type="checkbox"/> Adolescent Psychiatry	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Occupational Issues
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Applied Behavioral Analyst	<input type="checkbox"/> Gay/Lesbian Issues	<input type="checkbox"/> Parenting Issues
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Bereavement/Grief Counseling	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Pharmacology/Medication Management
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Health/Physical Disabilities	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Certified Employee Assistance Professional	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Psychotic Disorders
<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Sexual/Physical Abuse
<input type="checkbox"/> Codependency Issues	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Sexual Dysfunction
<input type="checkbox"/> Cognitive Behavioral Therapy	<input type="checkbox"/> Life Management Counseling	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Comorbidity	<input type="checkbox"/> Managed Disability	<input type="checkbox"/> Substance Abuse Professional (SAP)
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Detoxification	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Other:
	<input type="checkbox"/> Mood Disorders	