



# CALIFORNIA BEHAVIORAL HEALTH NETWORK PARTICIPATION REQUEST FORM

## Application Instructions to Licensed Health Care Professionals:

- Please note that completion of the nomination form and/or credentialing application does not guarantee acceptance in the Health Net provider network.
- Your nomination will be reviewed and a response will normally be mailed within two weeks.
- Health Net will review your request to ensure you meet initial participation criteria, including maintaining admitting privileges at a Health Net network hospital.
- Please type or print legibly. Incomplete forms will not be considered.
- Application processing and provider credentialing may take 90 to 120 days after a Participating Provider Agreement has been signed and all required information has been received.
- Health Net participates with the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource, which can simplify your application process. If you participate with CAQH, please indicate your ID # below. If you do not participate, a Health Net representative will assist you during the contracting process. For more information, and a demonstration, visit [www.caqh.org](http://www.caqh.org).

## Adding a Provider to an Existing Health Net Contract:

If you are requesting to add one or more practitioners to an existing Health Net contract with your group use the following link: [Add a Physician to an Existing Contract here](#). This form is to request new agreements ONLY.

- ☐ We are a practice group that is currently contracted with Health Net, and are seeking to add the following provider to our existing group agreement.

## PHYSICIAN / PROVIDER INFORMATION

Practice Group Name:				
First Name:	MI:	Last Name:	Suffix:	Degree:
Practice Address: STREET:			SUITE:	
CITY:		STATE:	ZIP CODE:	
Telephone #:	Telehealth		Fax #:	
NPI #:	Date of Birth:	Applying As: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Both		
Specialties:			License #:	
<input type="checkbox"/> I am a solo practitioner billing under an individual Tax ID Number.				
<input type="checkbox"/> We are a group practice with multiple providers billing under a single Tax ID number. (Please attach a roster.)				
Tax ID #:	Accepts MediCal		MediCal Certified	
CAQH Provider ID: <small>IF APPLICABLE - SEE INSTRUCTIONS ABOVE</small>		Child [0-12]	Adolescent [13-18]	Adult [19-120]
Please list your Hospital Affiliations (or Covering Physicians):				
Person to contact regarding this request:				
Contact Phone #:	Contact Email:			

**PLEASE RETURN THIS FORM AND A W-9 TO: [DNBHC@healthnet.com](mailto:DNBHC@healthnet.com)**

Please check any of the following specializations that apply to your practice. You may select up to 20.

AI	ADDICTIONOLOGIST - ASAM CERTIFIED
AD	ADHD
AO	ADOLESCENTS
AU	ADULTS
AM	ANGER MANAGEMENT
AN	ANXIETY
BD	BIPOLAR DISORDER
IN	CBT FOR INSOMNIA
CA	CHILD ABUSE
CL	CHILDREN(6-12)
CC	CHRISTIAN COUNSELING
CR	CHRONIC/TERMINAL ILLNESS
CG	COMPULSIVE GAMBLING
CT	COUPLES/MARRIAGE THERAPY
DP	DEPRESSION
DV	DEVELOPMENTALLY DISABLED
DB	DIALECTICAL BEHAVIORAL THERAPY
DI	DISSOCIATIVE DISORDERS
DC	DYADIC CARE
EA	EATING DISORDERS
EC	ECT
EB	EMDR
ED	ETHNIC/CULTURAL ISSUES
FA	FACITIOUS DISORDERS
FT	FAMILY THERAPY
FV	FAMILY VIOLENCE
GD	GENDER DYSPHORIA
GT	GERIATRIC THERAPY
GB	GRIEF/BEREAVEMENT
HV	HIV
IC	IMPULSE CONTROL AND CONDUCT DISORDERS
IF	INFERTILITY
LD	LEARNING DISABILITIES
LG	LGBTQ
NV	NALTREXONE/VIVITROL
NT	NEUROPSYCHIATRIC TESTING
OC	OCD
PM	PAIN MANAGEMENT
PA	PANIC/PHOBIA
PO	PERSONALITY DISORDERS
PR	PRESCHOOL(UNDER 6)
PT	PSYCHOLOGICAL TESTING
PS	PSYCHOTIC/SCHIZOPHRENIA
PB	PTSD
SF	SEX OFFENDER TREATMENT
SC	SEXUAL DYSFUNCTION
SA	SEXUAL/PHYSICAL ABUSE
SE	SLEEP DISORDERS
SS	SOMATIC SYMPTOMS AND RELATED DISORDERS
SR	STRESS
SB	SUBOXONE/BUPRENORPHINE TREATMENT
SD	SUBSTANCE USE DISORDERS
TM	TRANSCRANIAL MAGNETIC STIMULATION