

Behavioral Health Midlevel Practitioner Enrollment Form

Applying as: Social worker Psychologist Psychiatrist*

**Psychiatrists are required to complete the credentialing process and CAQH application. Please contact your contracting coordinator directly or through the Provider Helpline at 800 942-4765.*

Practitioner information

Name (last, first, middle) _____

Other names you may have used (maiden, aka, etc.) _____

Degree / Professional title _____

Gender Male Female DOB ____ / ____ / ____ Social Security # _____

NPI provider ID _____ State license _____

CAQH provider ID _____ Medicare # _____

Practice information

Organizational provider group / business name _____

Primary street address _____

City _____ State _____ Zip _____

Tax ID _____ Phone _____ Fax _____

Group NPI _____ Contact name _____

Secondary practice information

Organizational provider group / business name _____

Primary street address _____

City _____ State _____ Zip _____

Tax ID _____ Phone _____ Fax _____

Group NPI _____ Contact name _____

Signed acknowledgement attached. For a copy of your acknowledgement, contact your group's administrator.

Send completed form to:

Priority Health
PIM Demographics
1231 East Beltline, MS 2310
Grand Rapids, MI 49525

Fax: 616 975-8857

Email: ph-providerinfomgmt-demographics@priorityhealth.com

Prior to submitting claims for midlevel providers, please allow 30 days for system set-up.