



Facility and Ancillary Demographic Information

- Initial Credentialing Addition of a new site/service to a current contract
 Recredentialing

Legal Name: _____

Parent Company/Health System Name (If applicable): _____

d/b/a: _____

Facility Type

- | | |
|---|--|
| <input type="checkbox"/> Hospital
<input type="checkbox"/> Intensive Family Intervention
<input type="checkbox"/> Adult Living Facility
<input type="checkbox"/> Home Health Agency
<input type="checkbox"/> Federally Qualified Health Center/RHC
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Community Mental Health Center Rehabilitation Center
<input type="checkbox"/> Rehabilitative Behavioral Health Services (RBHS)
<input type="checkbox"/> Assisted Long-Term Care Facility
<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Substance Use Treatment Facility |
|---|--|

Identify Levels of Care Offered by Facility									
(If you are already contracted with Cenpatico, select only the level of care being added)									
Psychiatric/Mental Health					Substance Abuse, Chemical Dependency				
	Child	Adol	Adult	Geriatric		Child	Adol	Adult	Geriatric
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inpatient Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	Ambulatory Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (i.e. SIPP, PRTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Assisted Treatment	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone
					Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Detoxification is offered at facility, on which unit are services offered:

- Located on Medical Floor/Unit Located on Behavioral Health Floor/Unit



Facility Practice Locations														
Facility Locations	Age Category	Mental Health						Substance Abuse						
		Inpatient	Partial	IOP	Residential	Observation	Other: _____	I/P Detox	I/P Rehab	Partial	IOP	Residential	Ambulatory Detox	Other: _____
Location #1														
Addr:	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P:	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	Geri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPI		ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy:		# of I/P Beds (MH):			# of Medicare I/P Beds:			# of I/P Beds (SA):						
Location #2														
Addr:	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P:	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	Geri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPI		ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy:		# of I/P Beds (MH):			# of Medicare I/P Beds (MH):			# of I/P Beds (SA):						
Location #3														
Addr:	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P:	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	Geri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPI		ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy:		# of I/P Beds (MH):			# of Medicare I/P Beds (MH):			# of I/P Beds (SA):						
Location #4														
Addr:	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P:	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	Geri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPI		ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy:		# of I/P Beds (MH):			# of Medicare I/P Beds (MH):			# of I/P Beds (SA):						
Location #5														
Addr:	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P:	Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F:	Geri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPI		ECT	<input type="checkbox"/>	I/P	<input type="checkbox"/>	O/P	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Suboxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxonomy:		# of I/P Beds (MH):			# of Medicare I/P Beds (MH):			# of I/P Beds (SA):						

*If additional locations are needed, please make a copy of this page