

Manual Provider Data Updates & Attestation Form



Carelon Behavioral Health continuously works to ensure the accuracy of our Provider Directory. The Consolidated Appropriations Act of 2021 (CAA) requires Carelon to verify the accuracy of data included in our provider directories every 90 days. We encourage you to consider using CAQH or ProviderConnect to manage and verify your credentials and provider directory information; however if you are unable to do so please complete this form as needed to attest to your provider data and provide any necessary updates.

Provider Name: _____

Provider ID or NPI: _____

Provider Data Updates Needed and Included below? ☐ Yes ☐ No

I certify that I have reviewed my provider data displayed in Carelon's provider directory and verified the accuracy of the information. For any inaccuracies, I have included any updates using the forms below and attest that I have provided Carelon Behavioral Health with the most up to date information.

Signature: _____

Attestation Date: _____

If there are any additional questions, please contact the National Provider Services Line at 800-397-1630. Office hours are Monday – Friday 8 a.m.-8 p.m. EST.

Clinical Specialty Change

From the list below, select a maximum of twelve (12) specialty areas for which you have training and expertise. These specialties will be used to assist Carelon Behavioral Health in making clinically appropriate referrals. Please remember to select applicable specialties when applying for the specialty networks.

ACCULTURATION ISSUES

- ☐ ADDICTIONS, NON-CHEMICAL
- ☐ ADJUSTMENT DISORDERS
- ☐ ADOLESCENT BEHAVIOR DISORDERS
- ☐ ADOLESCENT THERAPY
- ☐ ADOPTION
- ☐ ADULT THERAPY
- ☐ AFFECTIVE DISORDERS
- ☐ ALCOHOL / CHEMICAL DEPENDENCY
- ☐ ALZHEIMER / GEROPSYCH CONSULT
- ☐ ANESTHESIOLOGY-MRLD
- ☐ ANGER MANAGEMENT
- ☐ ANXIETY DISORDERS
- ☐ APPLIED BEHAVIOR ANALYST
- ☐ ASAM-CERTIFIED ADDICTIONOLOGIST
- ☐ ATTENTION DEFICIT HYPERACTIVITY DISORDER
- ☐ AUTISTIC DISORDER / ASPERGER'S SYNDROME
- ☐ BEHAVIOR MANAGEMENT / ALT THERAPY CHILD
- ☐ BEHAVIOR MODIFICATION
- ☐ BIOFEEDBACK
- ☐ BIPOLAR DISORDER
- ☐ BODY DYSMORPHIC DISORDER
- ☐ BORDERLINE PERSONALITY TRAITS
- ☐ BRIEF THERAPY
- ☐ BUPRENORPHINE
- ☐ CASE MANAGEMENT INDEPENDENT PRAC
- ☐ CHEMICAL DEPENDENCY ASSESSMENT / REFERRAL
- ☐ CHILD PROTECTION / FOSTER CARE
- ☐ CHILD THERAPY
- ☐ CHILDHOOD BEHAVIORAL DISTURBANCES
- ☐ CHRISTIAN THERAPY
- ☐ CHRONIC PAIN
- ☐ CHRONIC / TERMINAL ILLNESS
- ☐ CLINICAL NURSE SPECIALIST ACUTE
- ☐ CLINICAL NURSE SPECIALIST ANESTHETISTS
- ☐ CLINICAL NURSE SPECIALIST EMERGENCY
- ☐ CLINICAL NURSE SPECIALIST GERIATRIC
- ☐ CLINICAL NURSE SPECIALIST GERONTOLOGY
- ☐ CLINICAL NURSE SPECIALIST HOLISTIC
- ☐ CLINICAL NURSE SPECIALIST HOME HEALTH
- ☐ CLINICAL NURSE SPECIALIST INFORMATICS
- ☐ CLINICAL NURSE SPECIALIST LONG TERM CARE
- ☐ CLINICAL NURSE SPECIALIST MED / SURG
- ☐ CLINICAL NURSE SPECIALIST NEONATAL
- ☐ CLINICAL NURSE SPECIALIST OCCUP. HEALTH
- ☐ CLINICAL NURSE SPECIALIST ONCOLOGY
- ☐ CLINICAL NURSE SPECIALIST PEDIATRICS
- ☐ CLINICAL NURSE SPECIALIST PERINATAL
- ☐ CLINICAL NURSE SPECIALIST PERIOPERATIVE
- ☐ CLINICAL NURSE SPECIALIST REHABILITATION
- ☐ CLINICAL NURSE SPECIALIST TRANSPLANTATION
- ☐ CO-OCCURRING DISORDERS
- ☐ COGNITIVE BEHAVIORAL THERAPY
- ☐ COMMUNICATION DISORDERS
- ☐ COMPULSIVE GAMBLING
- ☐ CONDUCT DISORDERS
- ☐ COURT ORDERED EVALUATIONS
- ☐ CRISIS / TRAUMA
- ☐ CRITICAL INCIDENT STRESS DEBRIEFING
- ☐ CULTURAL COMPETENCY TRAINING
- ☐ DEPARTMENT OF TRANSPORTATION
- ☐ DEVELOPMENTAL DISORDERS
- ☐ DEPRESSIVE DISORDERS
- ☐ DIAGNOSTIC ASSESSMENT
- ☐ DIALECTICAL BEHAVIORAL THERAPY
- ☐ DISABILITY ASSESSMENT
- ☐ DISABILITY TREATMENT
- ☐ DISSOCIATIVE IDENTITY DISORDERS
- ☐ DRUGFREE WORKPLACE/FED RQMT TRAIN/CONSULT
- ☐ DUAL DIAGNOSIS
- ☐ EATING DISORDERS
- ☐ ELECTROCONVULSIVE THERAPY (ECT)
- ☐ ELIMINATION DISORDERS
- ☐ EMPLOYEE ASSISTANCE COUNSELING
- ☐ ETHNIC / CULTURAL ISSUES
- ☐ EXPERT TESTIMONY
- ☐ EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)
- ☐ FAITH BASED THERAPY
- ☐ FAMILY THERAPY

- ☐ FAMILY VIOLENCE
- ☐ FITNESS FOR DUTY EVALUATION
- ☐ FORENSICS / CRIMINAL JUSTICE
- ☐ GAMBLING
- ☐ GANG CULTS
- ☐ GAY / LESBIAN / BISEXUAL / TRANSGENDER
- ☐ GERIATRIC THERAPY
- ☐ GEROPSYCHIATRY / ALZHEIMERS
- ☐ GRIEF / BEREAVEMENT
- ☐ GROUP THERAPY
- ☐ GROUP THERAPY ADULT
- ☐ GROUP THERAPY CHEMICAL DEPENDENCY / SUD
- ☐ GROUP THERAPY CHILD
- ☐ GROUP THERAPY EATING DISORDERS
- ☐ GROUP THERAPY GERIATRIC
- ☐ GROUP THERAPY PANIC / PHOBIA
- ☐ HEAD TRAUMA
- ☐ HEARING IMPAIRED
- ☐ HEARING TRAUMA
- ☐ HINDU THERAPY
- ☐ HIV / AIDS
- ☐ HOARDING DISORDER
- ☐ HOME HEALTH AGENCY SERVICES - ALL AGES
- ☐ HUMAN TRAFFICKING
- ☐ IMPULSE CONTROL DISORDER
- ☐ INCEST SURVIVOR
- ☐ JEWISH EVALUATOR
- ☐ MAJOR DEPRESSIVE DISORDER
- ☐ MARITAL / SEPARATION / DIVORCE
- ☐ MARYLAND / MISSOURI EAP
- ☐ MEDICATION MANAGEMENT
- ☐ MENS ISSUES
- ☐ MENTAL HEALTH
- ☐ MILITARY LIFESTYLE ISSUES
- ☐ MOTOR DISORDER / TIC DISORDER
- ☐ MUSLIM THERAPY
- ☐ NEUROPSYCHOLOGICAL TESTING
- ☐ NEUROPSYCHOLOGY
- ☐ OBSESSIVE COMPULSIVE DISORDERS
- ☐ ORGANIZATIONAL CHANGE MANAGEMENT
- ☐ PANIC / PHOBIA
- ☐ PARAPHILIC DISORDER
- ☐ PARTIAL CO-OCCURRING
- ☐ PERINATAL MENTAL HEALTH
- ☐ PERSONALITY DISORDERS
- ☐ PHYSICAL ABUSE
- ☐ PHYSICAL ABUSE PERPETRATOR
- ☐ PHYSICAL ABUSE VICTIM
- ☐ PHYSICALLY DISABLED
- ☐ POST TRAUMATIC STRESS DISORDER
- ☐ PRACTITIONER WOMEN'S HEALTH
- ☐ PSYCH NEURLOGY - PSYCHOMATIC MED
- ☐ PSYCH NURSES LICENSED TO PRESCRIBE MEDS
- ☐ PSYCH TESTING INDEPENDENT PRACTICE
- ☐ PSYCHIATRIC EVALUATIONS
- ☐ PSYCHOANALYSIS
- ☐ PSYCHOLOGICAL TESTING
- ☐ PSYCHOPHARMACOLOGY
- ☐ PSYCHOSOMATIC MEDICINE
- ☐ PSYCHOTIC DISORDERS
- ☐ EACTIVE ATTACHMENT DISORDER
- ☐ RELAPSE / RECIDIVISM IN SUBSTANCE ABUSE
- ☐ SCHIZOPHRENIA
- ☐ SCHOOL RELATED PROBLEMS
- ☐ SEPARATION AND LOSS
- ☐ SEVERE AND PERSISTENT MENTAL ILLNESS
- ☐ SEXUAL ABUSE
- ☐ SEXUAL DYSFUNCTION
- ☐ SEXUAL OFFENDER TREATMENT
- ☐ SLEEP DISORDERS
- ☐ SOCIAL DETOX SA TX ADOLESCENT
- ☐ SOMATIC / CONVERSION / FACTITIOUS DISORDERS
- ☐ STEP / BLENDED FAMILIES
- ☐ STRESS MANAGEMENT
- ☐ SUBOXONE THERAPY
- ☐ TBI BEHAVIORAL MANAGEMENT
- ☐ TBI COGNITIVE THERAPY
- ☐ TELEHEALTH SERVICES
- ☐ TELEPHONIC / ONLINE COUNSELING
- ☐ TRANSCRANIAL MAGNETIC STIMULATION
- ☐ TRANSGENDER
- ☐ TRAUMA RESPONSE CONSULTATION
- ☐ TRAUMA THERAPY
- ☐ TRAUMATIC BRAIN INJURY
- ☐ TREATMENT OF CORRECTIONS/LAW ENFORCEMENT
- ☐ TRICHOTILLOMANIA
- ☐ VICTIMS OF DOMESTIC VIOLENCE & CRIMES
- ☐ VIOLENCE IN WORKPLACE PREVENTION CONSULT
- ☐ WOMENS ISSUES
- ☐ WORKER'S COMPENSATION EVALUATIONS
- ☐ WORKPLACE ISSUES
- ☐ WORKSITE CD INTERVENTI

Practitioner Change of Address Form

Please list **ALL New/Current** addresses in addition to any addresses we should delete from our files. **Provider #** _____

Last Name	First Name	MI	State	License Type

1 *All addresses listed below must correspond to the Tax Identification Number (TIN) listed. **If you have more than one TIN, please complete a separate address change form for each TIN currently in use.**

*The TIN indicated below is a ☐ TIN currently in use ☐ New TIN (Please complete a W-9 form)

--	--	--	--	--	--	--	--	--

TIN Owner Name
(Must match W-9):

--

Please complete separate forms for multiple Service Addresses.

2 DELETE this Service Address: Effective Date (Required)

(Referrals) / /

Street Address/Suite (No PO Box)

City State Zip

Phone () Fax ()

3 ADD/KEEP this Service Address: Effective Date (Required)

(Referrals) / /

Street Address/Suite (No PO Box)

City State Zip

Phone () Fax ()
Handicapped accessible Y/ N Public Transportation Accessible Y/ N

4 DELETE this Service Address: Effective Date (Required)

(Referrals) / /

Street Address/Suite (No PO Box)

City State Zip

Phone () Fax ()

5 ADD/KEEP this Service Address: Effective Date (Required)

(Referrals) / /

Street Address/Suite (No PO Box)

City State Zip

Phone () Fax ()

Handicapped accessible Y/ N Public Transportation Accessible Y/ N

E-Mail Address: _____

E-Mail Address: _____

8 DELETE this Pay-To Address: Effective Date (Required)

(Payment) / /

Street Address/Suite

City State Zip

Phone () Fax ()

9 ADD/KEEP this Pay-To Address: Effective Date (Required)

(Payment) / /

Street Address/Suite

City State Zip

Phone () Fax ()

10 Provider Signature (Required): _____

Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ^a	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ^a	Date ^a
-----------	---------------------------------------	-------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.