

Greenwoods Network Provider: Information Form

Provider Identity

First Name		Last Name	
Professional License(s) – <i>check all that apply</i>	☐ APRN ☐ LCSW ☐ LPC ☐ LADC ☐ LMFT ☐ MD ☐ Psychiatrist ☐ Psychologist ☐ Other:		
Name of Practice		Group Practice?	☐ Yes ☐ No
Primary Office – Street			
City		ST / Zip	
Mailing Address (if different) – Street			
City		ST / Zip	
Email		Website	
Office Phone		Office Fax	
Cell Phone		Home Phone	
Home Address – Street			
City		ST / Zip	

Practice Details

How do you see clients?	☐ Telehealth Only ☐ In Person Only ☐ Both		
Preferred contact – GCR staff	☐ Office Phone ☐ Cell Phone ☐ Email		
Preferred contact – clients	☐ Office Phone ☐ Cell Phone ☐ Email		
Primary office setting	☐ Home Office ☐ Business Office Handicap accessible? ☐ Yes ☐ No		
2nd Office (if applicable)	Street / City / State / Zip:		
2nd office setting	☐ Home Office ☐ Business Office Handicap accessible? ☐ Yes ☐ No		
General office hours	Primary: _____ Secondary: _____		
Fluent in other languages?	☐ Yes ☐ No If yes, which:		
Availability	Evenings? ☐ Yes ☐ No Weekends? ☐ Yes ☐ No Offsite visits? ☐ Yes ☐ No		
EAP	EAP Service Provider? ☐ Yes ☐ No EAP Certified? ☐ Yes ☐ No		
Experience	# Years in Practice: _____ Highest Degree: _____		
Professional Affiliations			
Special Certifications / Training	☐ Play Therapy ☐ Psychoanalytic Therapy ☐ EMDR ☐ DBT ☐ CBT ☐ Other:		
Age groups treated	☐ Infant ☐ Preschool ☐ Elementary ☐ Adolescence ☐ Young Adults ☐ Adults ☐ Elderly ☐ Other		
Fees	Court-mandated cases? ☐ Yes ☐ No Session Rate/Fee: \$ _____ Sliding scale? ☐ Yes ☐ No		
If sliding scale, describe			

Credentials

Malpractice Ins. – Effective		Expiration	
Clinical License – Expiration		Date of Birth	
NPI #		CAQH #	

Presenting Problems — check all applicable that you see at your practice

Addictive Disorders

- ☐ Alcohol
- ☐ Drugs (legal)
- ☐ Drugs (illegal)
- ☐ Dual Diagnosis
- ☐ Gambling
- ☐ Internet
- ☐ Video Games
- ☐ Sexual
- ☐ Recovery (Short-term)
- ☐ Recovery (Long-term)
- ☐ Supporting someone else in recovery

Neurological Disorders

- ☐ Alzheimer's
- ☐ Autism Spectrum Disorder
- ☐ ADHD
- ☐ Intellectual Disability

Serious Mental Illness

- ☐ Schizophrenia / Schizoaffective
- ☐ Bipolar
- ☐ Delusional Disorder

Trauma Related Disorders

- ☐ Military Trauma
- ☐ Sexual Abuse
- ☐ Physical Abuse
- ☐ Emotional Abuse
- ☐ PTSD
- ☐ Adjustment Disorder

Children / Teen Issues

- ☐ Bullying (victim)
- ☐ Bully (perpetrator)
- ☐ Academic Issues
- ☐ Oppositional or Defiance
- ☐ Teen Violence
- ☐ Self-Harm
- ☐ Peer Relationships
- ☐ Self-Esteem
- ☐ Gender Identity

Personality Disorders

- ☐ Borderline
- ☐ Narcissistic
- ☐ Dependent
- ☐ Avoidant

Family Conflict

- ☐ DV / IPV
- ☐ Marital / Couples
- ☐ Substance Use
- ☐ Divorce / Separation
- ☐ Parenting
- ☐ Relationship Issues
- ☐ Supervised Visitation
- ☐ Gay / Lesbian

Problems of Daily Living

- ☐ Occupational
- ☐ Legal
- ☐ Health
- ☐ Disability
- ☐ Bereavement
- ☐ Aging / Geriatric
- ☐ Financial
- ☐ Insurance Assistance
- ☐ Educational (Adult)

Mood Disorders

- ☐ Depression
- ☐ Anxiety
- ☐ Anger Management
- ☐ Suicidal Ideation
- ☐ Post-Partum
- ☐ Disruptive Mood
- ☐ Panic Attacks
- ☐ OCD

Special Services

- ☐ Medication Management
- ☐ Psychiatric Consultation
- ☐ Psychological Testing
- ☐ Other Testing

Other Specialties

- ☐ LGBTQIA+
- ☐ Gender Identity (Adult)
- ☐ Eating Disorders
- ☐ TBI
- ☐ Sex Offender

Insurance Participation — check all plans you currently participate in

Commercial Plans

- ☐ Aetna / Meritain Health
- ☐ Anthem / BCBS
- ☐ Beacon Health
- ☐ CarePartners of CT
- ☐ Cigna / Cigna + Oscar
- ☐ Connecticare Only (if not under Optum Plan)
- ☐ First Health Network
- ☐ Humana
- ☐ Husky (Medicaid)
- ☐ Magellan
- ☐ Medicare

Networks & Other Plans

- ☐ MHN
 - ☐ Optum / United Health Care (Connecticare, Golden Rule, Harvard Pilgrim, Oxford Health Plans, UMR Wausau, Oxford)
 - ☐ PHCS / Multiplan
 - ☐ Psych Care
 - ☐ TCI
 - ☐ Tricare / Humana Military
 - ☐ Tufts / Allied Healthcare
- Other**
- ☐ Out of Network (OON)
 - ☐ Do Not Take Insurance
 - ☐ Other:

Medicare Advantage

- ☐ BCBS - Medicare Advantage
- ☐ Aetna - Medicare Advantage
- ☐ CarePartners of CT - Medicare Advantage
- ☐ Connecticare - Medicare Advantage
- ☐ HealthSpring - Medicare Advantage (formerly Cigna-Medicare)
- ☐ Humana - Medicare Advantage
- ☐ United Healthcare - Medicare Advantage
- ☐ Wellcare - Medicare Advantage

Disclosures — if you answer Yes to any question below, please explain in the space provided

Have you ever been suspended / terminated from participating in a government benefits program?	☐ Yes ☐ No
Have you ever been subject to discipline by a licensing authority?	☐ Yes ☐ No
Have you ever been named as a defendant in a malpractice lawsuit?	☐ Yes ☐ No
Is there anything else you would like us to know about you and your practice?	☐ Yes ☐ No
Explanation — please note which question(s) you are addressing; for a malpractice lawsuit, include the case name & docket number	

I certify that the above information is correct and accurate.

Clinician Signature		Date	
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