## **BEST CARE EAP AFFILIATE PROVIDER APPLICATION**

Business Name						
Individual practice _	Group practice					
If group practice, how many total providers are at all locations under the same Tax ID?						
Affiliate Administrat	or Contact Name					
Phone	Fax	Email				
Billing Address						
City			State	Zip		
States of Licensure						
Languages Spoken (c	other than English)					

## Services you are able to provide:

In person Counseling			
Telephonic Counseling			
Video Counseling			
Evening Hours			
Weekend Hours			
Substance Use Assessments			
Critical Incident Response			
Education/Training			

## Please indicate areas of specialty:

African	Asian	Couples	Child/Adolescent
American			
Domestic	EMDR	Faith Based	Geriatric
Abuse			
Grief/Loss	Hispanic	Job/Career	LGBT
Parenting	Sexual	Substance	Trauma
	Abuse	Abuse	

## Please, include the following with your application:

- Professional liability insurance (at least \$1,000,000 \$3,000,000minimums)
- Copy of current licenses
- W9 or W8BEN (Canada)
- Additional Office Locations
- Requested Rate \_\_\_\_\_

If you have any questions,

Please do not hesitate to reach out to our business office 800.801.4182

<sup>\*</sup>Once our office has reviewed the provider application and required documents, you will receive a contract to sign via DocuSign. Please note after contract submission is complete you will then receive access to our online provider portal, to receive client authorizations and to submit necessary billing. The invitation will be sent to the email listed above.