

HOME-VISIT-ONLY SERVICE LOCATION FORM



Please complete a form for each home-visit-only service location and clinician and send it with your Evernorth Screening Application to BehavioralOutpatientClinic@Evernorth.com.

Note: One ZIP code and roster should be listed per service location. For example, in larger metropolitan areas that have multiple ZIP codes, please select one ZIP code for the service area if the provider roster is the same.

Provider number:		<input type="checkbox"/> Add <input type="checkbox"/> Delete		Doing Business as (DBA) name:		Service State:			
Service Zip Code:		Telephone Number:		Fax Number:		National Provider Identifier (NPI):		Taxpayer Identification Number (TIN):	

Languages spoken at this location:

Appointment availability: <input type="checkbox"/> Crisis stabilization 24/7 <input type="checkbox"/> Crisis stabilization non-24/7 <input type="checkbox"/> Intermediate care (urgent) <input type="checkbox"/> Meet and greet (non-physician only) <input type="checkbox"/> Family planning provider			Please indicate the populations served by your clinic: <input type="checkbox"/> Children ages 1-5 <input type="checkbox"/> Children ages 6-12 <input type="checkbox"/> Adolescents ages 13-17 <input type="checkbox"/> Adults ages 18+ <input type="checkbox"/> Geriatric ages 60+			Essential Community Provider (if Yes, select one below): <input type="checkbox"/> Family planning provider <input type="checkbox"/> Federally qualified health center <input type="checkbox"/> Indian health provider <input type="checkbox"/> Other Essential Community Provider <input type="checkbox"/> Ryan White provider		
Is the building handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Clinicians to be credentialed and assigned to this location:
Note: If this service location is a community mental health center, do **NOT** need to complete this section.

Evernorth provider number (if available)	Name	National Provider Identifier	License type	Degree

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