Evernorth Behavioral Fast Access Network
Attested Specialty Form

EVERNORTH℠

If you would like to add or maintain the Fast Access Network specialty under your profile, please review the following criteria for inclusion. If you meet the criteria, please check the box and sign below where indicated.

DIRECTIONS: To avoid the potential loss of data, please complete the following steps and submit this form.

Step 1: Save this form to your computer
Step 2: Complete this form in its entirety using Adobe Acrobat Reader DC
Step 3: Save the completed form to your computer
Step 4: E-mail it to CompletedForms.ProviderNetwork@Evernorth.com or fax it to **1.860.687.7257**

CRITERIA FOR INCLUSION:

To add the Fast Access Network to your profile, you must agree to the following conditions:

1. Guarantee appointment availability for new patients within 5 business days for therapy appointments.
2. Guarantee appointment availability for new patients within 15 business days for medication appointments (medication providers only).
3. If unavailable when a patient calls, guarantee return calls within 1 business day. Provider should also have a voice-mail or answering service available 24 hours a day with office hours and instructions in case of an emergency.
4. Coordinate care with a patient's primary care physician (PCP) and other relevant medical providers.
5. Accept Employee Assistance Program (EAP) authorizations for therapy appointments, as applicable.
6. Provide telehealth/virtual visits or willing to offer virtual care within one year of signing this attestation. To access the Attested Specialty Form for telehealth, visit the Evernorth provider website (Provider.Evernorth.com) > Resources > Forms Center > Behavioral Health Forms.

CLEAR FORM

☐ **I hereby certify and attest that all of the information above is true and accurate. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Evernorth Behavioral Health network. Furthermore, I will cooperate with Evernorth Behavioral Health during a specialty documentation audit, if requested, to verify that I meet the outlined criteria on the Fast Access Network Worksheet.**

I wish to participate in the above Fast Access Network

Practitioner (print name): _____

Signature: _____

State: _____ Date: _____ National Provider Identifier (NPI): _____

CLICK TO SAVE PDF CLICK TO PRINT