TELEHEALTH-ONLY SERVICE LOCATION FORM

EVERNORTH ℠

Please complete a form for each telehealth -only service location and clinician and send it with your Evernorth Screening Application to **BehavioralOutpatientClinic@Evernorth.com**. All telehealth services must be rendered by a provider licensed in the same state as the customer's location.

Provider number:	☐ Add ☐ Delete	Doing Business as (DBA) name:	

Service State:	Telephone Number:	Fax Number:	National Provider Identifier (NPI):	Taxpayer Identification Number (TIN):

Languages spoken at this location:

Appointment availability:

- ☐ Crisis stabilization 24/7
- ☐ Crisis stabilization non-24/7
- ☐ Intermediate care (urgent)
- ☐ Meet and greet (non-physician only)
- ☐ Family planning provider

Please indicate the populations served:

- ☐ Children ages 1-5
- ☐ Children ages 6-12
- ☐ Adolescents ages 13-17
- ☐ Adults ages 18+
- ☐ Geriatric ages 60+

Essential Community Provider *(if Yes, select one below)*:

- ☐ Family planning provider
- ☐ Federally qualified health center
- ☐ Indian health provider
- ☐ Other Essential Community Provider
- ☐ Ryan White provider

Is the building handicap accessible? ☐ Yes ☐ No

Clinicians to be credentialed and assigned to this location:

Note: If this service location is a community mental health center, do **NOT** complete this section.

Evernorth provider number *(if available)*	Name	NPI	License type	Degree