BHP Referral Network Application

Behavioral Healthcare Providers (BHP) Referral Network drives value for patients by connecting them to outpatient behavioral health resources. Patient referrals to resources in this network primarily come from MHealth Fairview Emergency Department, Primary Care Clinics, and other hospitals. BHP is a division of MHealth Fairview. To become part of BHP Referral Network, please complete this application.

Once application has been completed, please submit application via email to system-nservices@fairview.org.

Applicant Name (as shown on your state license):

_____
      Last   First   Middle   Suffix   Title

Personal Information

Sex Assigned at Birth: ☐ Male ☐ Female

Gender Identity:
- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender Non-Conforming
- ☐ Gender Non-Binary
- ☐ Other
- ☐ Prefer Not to Answer

Date of Birth: _____ NPI: _____ ☐ Check box if Supervised Provider w/o NPI

Practitioner's Preferred E-mail address: _____ Phone Number: _____

Primary or Pending Practice Location

Primary Practice Location/Clinic Name: _____

Address: _____
          Street   City/State/Country   Zip Code

Office Phone Number: _____ Fax Number: _____

E-mail Address: _____

Admin or Credentialing Contact Information

Name: _____ Email: _____

Phone Number: _____ Fax Number: _____

Licensure / Education / Board Certification

License Type	State	License Number	Date Issued	Expiration Date	License Status
_____	_____	_____	_____	_____	☐ Active ☐ Inactive ☐ Pending
_____	_____	_____	_____	_____	☐ Active ☐ Inactive ☐ Pending
_____	_____	_____	_____	_____	☐ Active ☐ Inactive ☐ Pending

Education: Degree(s) Received _____

For Advanced Practice Providers Only:

☐ **I attest I meet the certification requirements specified in the BHP Provider Referral Network Agreement**

SUPERVISED PROVIDERS ONLY

Supervisee: Type of License Obtaining: _____ Expected Date to Obtain Independent License: _____

Supervisor: Name: _____ License Type and Number: _____ NPI Number: _____

Supervisor Signature _____ **Date** _____

☐ I attest that the information provided above is true and accurate.

Applicant Signature _____ **Date** _____

BHP Referral Network Provider Profile

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Name: _____   Email: _____

BHP is committed to ensuring Providers in our Network align with our current patient needs. Please specify the below categories for the patients you are able to provide care for.

Specialties Served		
Abortion Concerns	Conduct Disorder	Obsessive Compulsive Disorder
Acceptance and Commitment Therapy	Co-occurring Mental Health and Substance Use	Panic Disorders
ADHD Testing	Court Ordered Therapy	Paranoia
ADHD Treatment	DBT - Certified*	Paraphilic Disorders
Adjustment Disorders	DBT Skills	Parenting Concerns
Adoption Concerns	Depression	Personality Testing
Alzheimer's/Dementia	Developmental Disabilities	Phobias
Anger Management	Dissociative Disorders	Play Therapy
Anxiety Disorders	Domestic Abuse Perpetrator	Post-Traumatic Stress Disorder (PTSD)
Applied Behavioral Analysis (ABA) Therapy	Domestic Abuse Victims	Psychological Testing
Autism Spectrum Disorder Evaluations	Eating Disorders	Reactive Attachment Disorder
Autism Spectrum Disorder Treatment	Emotionally Focused Couples Therapy	Relationship Therapy
Bariatric Evaluations	Eye Movement Desensitization & Reprocess (EMDR)*	Reproductive Concerns
Behavioral Concerns in Children	Facility Based Substance Use Disorder Treatment	Schizophrenia
Biofeedback Therapy*	Family Conflict	Seasonal Affective Disorder
Bipolar Disorders	Family Therapy	Self-harm
Borderline Personality Disorder	Fetal Alcohol Syndrome (FAS)	Serious and Persistent Mental Illness (SPMI)
Bullying	Forensic Psychology	Sexual Dysfunction
Buprenorphine/Suboxone Treatment	Gambling Concerns	Sexual Perpetration-Adult
Bus Line-Within 10 blocks	Gender Dysphoria	Sexual Trauma
Bus Line-Within 2 blocks	Geriatrics	Single Parent Families
Career Counseling	Grief/Loss	Sleep Disorders
Caregiver Concerns	Group Counseling	Sliding Fee
Children with Problematic Sexual Behavior	Handicap Accessible Office	Step Family Concerns
Children's Therapeutic Support Services (CTSS)	Health Behavior and Weight Concerns	Stress Reduction
Christian Counseling	HIV/AIDS Concerns	Substance Use Concerns/Recovery
Chronic Pain/Health Issues	Home Based Therapy	Substance Use Disorder Assessment*
Codependency	Hypnotherapy	Tic Disorders / Trichotillomania
Cognitive Behavioral Therapy (CBT)	Internet / Gaming Disorders	Traumatic Brain Injury Treatment
Cognitive Behavioral Therapy for Insomnia (CBTI)	Interpersonal Psychotherapy (IPT)	Veterans & Military
	Learning Disorder Testing	Works with Interpreters
	LGBTQ+ Informed	Works with Patients Without Insurance
	Neuropsychological Testing	

HEALTH FAIRVIEW   BEHAVIORAL HEALTHCARE PROVIDERS

Updated 4/19/23

Provider Language	
	American Sign Language
	Speaks Arabic
	Speaks Cambodian
	Speaks Cantonese
	Speaks Chinese
	Speaks Czech
	Speaks Farsi
	Speaks French
	Speaks German
	Speaks Hindi
	Speaks Hmong
	Speaks Italian
	Speaks Japanese
	Speaks Korean
	Speaks Mandarin
	Speaks Oromo
	Speaks Polish
	Speaks Russian
	Speaks Serbo-Croatian
	Speaks Slavic
	Speaks Somali
	Speaks Spanish
	Speaks Swahili
	Speaks Thai
	Speaks Ukrainian
	Speaks Urdu
	Speaks Vietnamese
	Speaks Yoruba

Provider Identity	
	Provider Identifies as Alaskan Native
	Provider Identifies as American Indian
	Provider Identifies as Asian
	Provider Identifies as Black or African American
	Provider Identifies as Hispanic or Latinx
	Provider Identifies as Native Hawaiian or Other Pacific Islander
	Provider Identifies as White
	Provider Identifies as LBGTQ+

Appointment Type(s) Offered	
	Therapy - In Person
	Teletherapy
	Medication Management - In Person
	Telepsychiatry
	Testing
	Substance Use Disorder Assessment (SUD Treatment Facility Only)
	Day Treatment
	DBT

Preferred Type of Access	
	SchedulR - Offering appointments on our scheduling database
	Provider Database - Referrals made by contacting clinic
	Both

Insurance or Payment Accepted	
	Active Insurance - Patient Wants to be Self-Pay
	Aetna
	America's PPO
	Blue Cross Blue Shield
	Cigna - HP
	Health Partners
	Hennepin Health (MHP)
	Humana
	LaborCare UnitedHealthcare - UBH
	Medica - UBH
	Medical Assistance - MN Medicaid
	Medicare
	PreferredOne
	PrimeWest Health
	SelectCare - UBH
	Self-Pay
	South Country Health Alliance
	Tricare
	UCare
	United Healthcare
	Value Options
	WI Medicaid
	Wilderness Health ACO

Patient Age Ranges Served Enter the minimum and maximum age of patients you serve for each category below		
Sex Assigned at Birth – Female	Minimum	Maximum
Sex Assigned at Birth – Male	Minimum	Maximum
Gender Identity - Female	Minimum	Maximum
Gender Identity – Male	Minimum	Maximum
Gender Identity – Non-Conforming	Minimum	Maximum
Gender Identity – Non-Binary	Minimum	Maximum
Gender Identity – Transgender Female	Minimum	Maximum
Gender Identity – Transgender Male	Minimum	Maximum
Gender Identity – Other	Minimum	Maximum
Gender Identity – Prefer Not to Answer	Minimum	Maximum

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