

# 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](mailto: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
_____	_____	_____	_____	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
_____	_____	_____	_____	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
_____	_____	_____	_____	_____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> 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

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.

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	
<input type="checkbox"/>	Abortion Concerns
<input type="checkbox"/>	Acceptance and Commitment Therapy
<input type="checkbox"/>	ADHD Testing
<input type="checkbox"/>	ADHD Treatment
<input type="checkbox"/>	Adjustment Disorders
<input type="checkbox"/>	Adoption Concerns
<input type="checkbox"/>	Alzheimer's/Dementia
<input type="checkbox"/>	Anger Management
<input type="checkbox"/>	Anxiety Disorders
<input type="checkbox"/>	Applied Behavioral Analysis (ABA) Therapy
<input type="checkbox"/>	Autism Spectrum Disorder Evaluations
<input type="checkbox"/>	Autism Spectrum Disorder Treatment
<input type="checkbox"/>	Bariatric Evaluations
<input type="checkbox"/>	Behavioral Concerns in Children
<input type="checkbox"/>	Biofeedback Therapy*
<input type="checkbox"/>	Bipolar Disorders
<input type="checkbox"/>	Borderline Personality Disorder
<input type="checkbox"/>	Bullying
<input type="checkbox"/>	Buprenorphine/Suboxone Treatment
<input type="checkbox"/>	Bus Line-Within 10 blocks
<input type="checkbox"/>	Bus Line-Within 2 blocks
<input type="checkbox"/>	Career Counseling
<input type="checkbox"/>	Caregiver Concerns
<input type="checkbox"/>	Children with Problematic Sexual Behavior
<input type="checkbox"/>	Children's Therapeutic Support Services (CTSS)
<input type="checkbox"/>	Christian Counseling
<input type="checkbox"/>	Chronic Pain/Health Issues
<input type="checkbox"/>	Codependency
<input type="checkbox"/>	Cognitive Behavioral Therapy (CBT)
<input type="checkbox"/>	Cognitive Behavioral Therapy for Insomnia (CBTI)

<input type="checkbox"/>	Conduct Disorder
<input type="checkbox"/>	Co-occurring Mental Health and Substance Use
<input type="checkbox"/>	Court Ordered Therapy
<input type="checkbox"/>	DBT - Certified*
<input type="checkbox"/>	DBT Skills
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Developmental Disabilities
<input type="checkbox"/>	Dissociative Disorders
<input type="checkbox"/>	Domestic Abuse Perpetrator
<input type="checkbox"/>	Domestic Abuse Victims
<input type="checkbox"/>	Eating Disorders
<input type="checkbox"/>	Emotionally Focused Couples Therapy
<input type="checkbox"/>	Eye Movement Desensitization & Reprocess (EMDR)*
<input type="checkbox"/>	Facility Based Substance Use Disorder Treatment
<input type="checkbox"/>	Family Conflict
<input type="checkbox"/>	Family Therapy
<input type="checkbox"/>	Fetal Alcohol Syndrome (FAS)
<input type="checkbox"/>	Forensic Psychology
<input type="checkbox"/>	Gambling Concerns
<input type="checkbox"/>	Gender Dysphoria
<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	Grief/Loss
<input type="checkbox"/>	Group Counseling
<input type="checkbox"/>	Handicap Accessible Office
<input type="checkbox"/>	Health Behavior and Weight Concerns
<input type="checkbox"/>	HIV/AIDS Concerns
<input type="checkbox"/>	Home Based Therapy
<input type="checkbox"/>	Hypnotherapy
<input type="checkbox"/>	Internet / Gaming Disorders
<input type="checkbox"/>	Interpersonal Psychotherapy (IPT)
<input type="checkbox"/>	Learning Disorder Testing
<input type="checkbox"/>	LGBTQ+ Informed
<input type="checkbox"/>	Neuropsychological Testing

<input type="checkbox"/>	Obsessive Compulsive Disorder
<input type="checkbox"/>	Panic Disorders
<input type="checkbox"/>	Paranoia
<input type="checkbox"/>	Paraphilic Disorders
<input type="checkbox"/>	Parenting Concerns
<input type="checkbox"/>	Personality Testing
<input type="checkbox"/>	Phobias
<input type="checkbox"/>	Play Therapy
<input type="checkbox"/>	Post-Traumatic Stress Disorder (PTSD)
<input type="checkbox"/>	Psychological Testing
<input type="checkbox"/>	Reactive Attachment Disorder
<input type="checkbox"/>	Relationship Therapy
<input type="checkbox"/>	Reproductive Concerns
<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Seasonal Affective Disorder
<input type="checkbox"/>	Self-harm
<input type="checkbox"/>	Serious and Persistent Mental Illness (SPMI)
<input type="checkbox"/>	Sexual Dysfunction
<input type="checkbox"/>	Sexual Perpetration-Adult
<input type="checkbox"/>	Sexual Trauma
<input type="checkbox"/>	Single Parent Families
<input type="checkbox"/>	Sleep Disorders
<input type="checkbox"/>	Sliding Fee
<input type="checkbox"/>	Step Family Concerns
<input type="checkbox"/>	Stress Reduction
<input type="checkbox"/>	Substance Use Concerns/Recovery
<input type="checkbox"/>	Substance Use Disorder Assessment*
<input type="checkbox"/>	Tic Disorders / Trichotillomania
<input type="checkbox"/>	Traumatic Brain Injury Treatment
<input type="checkbox"/>	Veterans & Military
<input type="checkbox"/>	Works with Interpreters
<input type="checkbox"/>	Works with Patients Without Insurance

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 LGBTQ+

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

Preferred Type of Access	
	SchedulIR - Offering appointments on our scheduling database
	Provider Database - Listed as a referral source by phone
	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
	Itasca Medical Care (IMCare)
	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		
(Check if Yes, and specify Minimum and Maximum age for each category Yes is selected)		
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