Provider Services
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Provider Enrollment Application Check List and Instructions for an

Outpatient Substance Abuse Treatment Individual (SSN)

(Standard Provider Application for Direct Pay Enrollment.)

An individual (SSN) providing outpatient substance abuse treatment.

The documents listed below are required and must be submitted with the application.

☐	**Completed Electronic Funds Transfer (EFT) Form** -- The individual name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the individual's social security number.
☐	**Completed W-9 Form** -- The individual name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the individual's social security number.
☐	**License -** Must attach a copy of the license from the Department of Regulatory Agencies as one of the following - Physician, Osteopath, Psychologist-Doctorate Level, Psychologist-Masters Level, or Nurse Practitioner.
☐	**Certification(s) -** Must attach a copy of license/certification in substance abuse counseling from one of the following – the National Association of Alcohol & Drug Abuse Counselors (NAADAC), the American Society of Addiction Medicine (ASAM), <u>or</u> the American Board of Psychiatry & Neurology (ABPN).
☐	**Special Instructions -** Must be a CAC II, CAC III, LAC, NCAC II, or MAC in addition to appropriate licensure.
☐	**Completed Provider Disclosures Page (Section 19 of the Application)** -- Complete the top section for individuals.