MENTAL HEALTH

ALAMEDA COUNTY BHCS - REQUEST FOR CLINICIAN STAFF NUMBER

PLEASE FILL THIS FORM OUT ONLINE, PRINT IT, THEN FAX OR MAIL TO IS.

- ☑ **New Clinician Staff Number**
- ☐ **Update Staff Number** _____
- ☐ **Expire Staff Number** _____
- ☐ **Clinician's Gateway Staff Number (CG)**
- ☐ **Indirect Service Input ONLY-NPI# not required (IND)**
- ☐ **Level III Organization Provider-Staff Number (CC3)**
- ☐ **Level III FFS Provider-Staff Number (FFS)**

Staff: _____ *(For Info Systems Use Only)*

►Provider/Corporate Name: _____

►Clinic Name: _____

►Contact Person: _____ ►Phone #: _____

►Staff Name: _____ ►Phone #: _____
First Middle Last

►Sex:

►Ethnicity: A

A = White	E = Chinese	I = Japanese	M = Unknown
B = Black	F = Vietnamese	J = Filipino	N = Other Southeast Asian
C = Native American	G = Laotian	K = Other Asian	
D = Latino	H = Cambodian	L = Other	

SSN: ___ — ___ — _____ ►Birth date: _____

►Start Date: _____ End Date: _____

UPIN: _____ GL Account: _____ ►Taxonomy: _____

Medicare PIN: _____ DEA Number: _____ ►NPI: _____

Medicaid PIN: _____ Medicare Billable (Y/N): No

License #: _____ Renewal Date: _____ State: _____

►Languages: *(Check all that apply)*

___ English	___ Spanish	___ Chinese Dialect	___ Other
___ Japanese	___ Filipino Dialect	___ Vietnamese	
___ Laotian	___ Cambodian	___ Sign Language	

►Staff Mask: *(Check **ONLY ONE** discipline for this staff. For interns or staff in educational programs select Unlicensed Worker)*

___ Educator	___ Intern	___ Medical Records	___ Rehab Counselor
___ MFC Counselor	___ Nurse	___ Occ. Therapist	___ Social Worker
___ Pharmacist	___ Physician	___ Physician Assistant	✔ Unlicensed Worker
___ Psych Tech	___ Psychiatrist	___ Psychologist	

(For Information Systems Use Only)

PR Review By: _____ Date: _____

Class: _____ Date of Request: _____ Date Completed: _____ Completed By: _____

► = MANDATORY FIELDS

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING

SEND FORM TO:

BHCS INFORMATION SYSTEMS
1900 Embarcadero Cove, 4th Floor
Oakland, CA 94606
Tel: 510-567-8181 Fax: 510-567-8161
QIC: 28004

Rev. 03/22/2011