BMC HealthNet Plan
Provider Data Form

Please note: An incomplete form may result in delayed credentialing. **Today's Date**______________

Provider Demographics		
Provider Name: Provider Title:	☐PCP ☐Specialist ☐Hospital Based	Mailing Contact Name: Mailing Contact E-mail:
Additional Hospital Affiliation: * If hospital based, please complete Abbreviated Credentialing Form		
Effective Date of Privileges:	Category of Privileges:	
Collaborating MD (include PAs and NPS):		
PCP Covering Physician Information: Please complete on HCAS Enrollment Form.	* Providers not participating with the Plan are not eligible to deliver coverage.*	

Accessibility to Services

American Sign Language Y: ☐ N: ☐

Are you a minority owned business*? Y: ☐ N: ☐ N/A: ☐
*If you are a minority owned business, please provide a copy of your certification with this data form.

Do you wish to be included in the BMC HealthNet Plan Provider Directory? Y: ☐ N: ☐

Please respond to each of the following questions regarding your office's handicap accessibility.

Handicap Accessibility Types:	Yes	No
Accessible via Public Transportation		
Handicap Accessibility		
Handicap Parking Available		
Wheelchair Ramps		
Elevators in Multistory Buildings		
Handicap Accessible Bathrooms		
Signs in Braille		
TTY/TDD for Member Services		

Primary Care Providers

Is provider a PCP? Y: ☐ N: ☐

If you answered yes, please complete the section below to indicate whether the provider will serve the special populations listed below. Please note: The Commonwealth of Massachusetts requires us to collect this information.

Special Populations	Yes	No	N/A	Special Populations	Yes	No	N/A
Children/Adolescent Patients				Dual-diagnosis			
Patients with HIV/AIDS				Eating Disorders			
Disabled Patients				Family Therapy			
Homeless Patients				Fire Setting			
Children in Custody of the Commonwealth				Dual-diagnosis			
Adults with Severe Physical Disabilities				Geriatric Member (65+)			
Children with Severe Disabilities				Group Treatment			
Adults with Severe and Persistent Mental Illness				Persons with Disabilities			
Children with Serious Emotional Disturbance				Phobic Disorders			
Patients with Substance Use Disorders				Visual Impairment			
Patients with Co-occuring Disorders				Sexual Abuse			
Serves a Population of Cultural & Linguistic Minorities				Sexual Offenders			
Post Adoption Issues				Substance Abuse			
Deaf or Hearing Impaired				Visual Impairment			
Dialectical Behavioral Therapy (DBT)				Bilingual or Multi-lingual Abilities			

Additional documents to submit to BMC HealthNet Plan:
1. Participating Provider Agreement (if not contracted)
2. W-9 Form
3. HCAS Enrollment Form (including covering physician information)
4. Abbreviated Credentialing Form (Hospital Based & Locum Tenens)
5. Additional practice addresses and office hours if there are more service locations than listed on the HCAS Enrollment Form. Please attach an additional sheet if needed.