



CORPORATE HEADQUARTERS:

3281 Veterans Memorial Hwy. Suite E-1, Bldg. D. Ronkonkoma. NY 11779

(631) 588-8102/1-800-624-2593/FAX (631) 588-8143

www.nationaleap.com

Provider Registration Form

Date: _____

Name: _____ Credentials: _____

Agency: _____

Office Address: _____

Office Phone: _____ Fax: _____ Cell: _____

E-Mail: _____ Website: _____ SS# _____

Brief Counseling: _____ Assessment: _____ License #: _____ Referred by: _____

Primary Specialties:

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Anger | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Children | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Woman's Issues |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Workplace Presentations |
| <input type="checkbox"/> Family | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> PTSD | <input type="checkbox"/> Victim/Offender Sexual Abuse |
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Phobias | <input type="checkbox"/> Foreign Language Specify: _____ |

Other specialties: _____

Therapy Fee: _____ Sliding Scale: Yes _____ No _____ Days/Hours Available: _____

If you are a participating practitioner with an HMO, please check:

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Aetna Us Healthcare | <input type="checkbox"/> Health Net | <input type="checkbox"/> Medicare | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> American Medical & Life | <input type="checkbox"/> HIP | <input type="checkbox"/> Merit Behavioral Health | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Horizon | <input type="checkbox"/> Met Life | <input type="checkbox"/> United Health Care |
| <input type="checkbox"/> Beech Street | <input type="checkbox"/> Humana | <input type="checkbox"/> MHN | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> Kaiser | <input type="checkbox"/> Multi Plan | <input type="checkbox"/> Vytra |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Magellan | <input type="checkbox"/> Oxford | Others: _____ |
| <input type="checkbox"/> Core Source | <input type="checkbox"/> Magna Care | <input type="checkbox"/> PacifiCare | _____ |
| <input type="checkbox"/> Empire BC/BS | <input type="checkbox"/> MDNY | <input type="checkbox"/> Prudential | _____ |
| <input type="checkbox"/> GHI | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Select Pro | _____ |

Kindly submit your bill within 90 days of service date.