



San Mateo County Behavioral Health & Recovery Services
BHRS MH Contractor Billing/Therapist Only Form
APPLICANT & AGENCY INFORMATION

Email to BHRS-IT-Support@smcgov.org

Information must be completed by applicant agency

This form is for Therapist/Billing Number Only - Non Avatar Users
***Include copy of NPI form**

1. NAME and related information (If licensed, registered or waived, exactly as it appears on license or registration.)

Last _____ First _____ Middle _____

Position _____ Applicant's Discipline _____

Gender M F Work Phone _____

Administrative Clinical (Licensed/Registered) Clinical (Student/Trainee) (all documents need co-sign)
 Counselor (Person who is Non-Licensed/Non-Registered with less than 2 year's experience; all their MH documentation, including Treatment Plan and Assessment, needs a co-signature for 2 years. Co-signature not required for AOD Counselor)
 Applicant Requires Co-Signature No Yes If, yes, Co-Signer's Name _____

2. Contracted Provider Lead Agency _____ (e.g., Caminar, Telecare, Star Vista)

Program Name/Worksite _____ Program Director/Supervisor _____

1. NPI # (National Provider Identification Information)

10-digit NPI # _____ 10-digit Taxonomy Code _____

*If ASW, must ALSO have a COUNSELOR taxonomy Code **101YM0800X (Primary)**

Remember to complete this form and email to BHRS whenever:

- Your agency hires a new person who will provide services and needs a billing number.

If you have questions about the information requested on this form email HS_BHRS_IT_Support@smcgov.org

Name _____

THIS SECTION IS FOR BHRS USE ONLY

CLINICAL PROGRAM STAFF				
✓	PRACTITIONER CATEGORY – ALL AVATAR USERS(PRINTS ON DOCUMENTS) MIS <i>Choose only one</i>	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRES NOTES) MIS	PROFESSIONAL USER ROLES (CONTROLS CLINICAL DOC not PN) For AVATAR user
	ACSW =ACSW (ASSOCIATE CLINICAL SOCIAL WKR)	(2) SOCIAL WORKER – ASW	SOCIAL WORK	CLINICIAN
	ADMINISTRATOR	N/A	OTHER	ADMIN
	CNS = CNS (CLINICAL NURSE SPECIALIST)	(7) CLINICAL NURSE SPECIALIST	NURSING	RNSNOMHMASTERS
	COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	VRS COUNSELOR	COMMUNITYWORKER
	CW = CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
	EDD = EDD (LICENSED CLINICAL PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	FP=FAMILY PARTNER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
	IMF = MFTI (MARRIAGE AND FAMILY INTERN)	(3) MARRIAGE+FAMILY THERAPIST (IMF)	FAMILY THERAPIST	CLINICIAN
	INTERN = INTERN	(14) INTERN STUDENT	THERAPY INTERN	MATRAINEE
	LCSW = LCSW (LICENSED CLINICAL SOCIAL WORKER)	(1) LICENSED CLINICAL SOCIAL WORKER (LCSW)	SOCIAL WORK	CLINICIAN
	LED = LED (LICENSED EDUC.. PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	LPT = LPT (LICENSED PSYCHIATRIC TECHNICIAN)	(23) LICENSED PSYCH TECH	NURSING	LPT
	LVN= LICENSED VOCATIONAL NURSE	(23) LICENSED PSYCH TECH	NURSING	LPT
	MD = MD	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	MD = MD (PSYCHIATRIST)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	MD= MD INTERN PGY1	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	MD= MD RESIDENT PGY2	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	MFT = MFT (MARRIAGE FAMILY THERAPIST)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	MHC = MHC (MENTAL HEALTH COUNSELOR)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
	MSW = MSW (MASTERS IN SOCIAL WORK)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITWORKER
	NP = NP (NURSE PRACTITIONER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS
	NPF= NP FURNISHER (N PRACTINR FURNISHER)	(6) NURSE PRACTITIONER	PSYCHIATRY	MDSRNS
	NP INTERN= NURSE PRACTITIONER INTERN	(14) INTERN STUDENT	PSYCHIATRY	MD RESIDENT
	OT = OT (OCCUPATIONAL THERAPIST)	(10) OCCUPATIONAL THERAPIST	OCCUP THER	COMMUNITY WORKER
	PA = PA (PHYSICIAN'S ASSISTANT)	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
	PCI= PCI (PROF CLINICAL COUNSELOR INTERN)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	LPCC= LPCC (LIC'D PROF CLINICAL COUNSELOR)	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
	PSY=PSY (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	PHD = PHD (LICENSED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	PSB = PSB (PSYCHOLOGY ASSISTANT)	(9) PSYCHOLOGIST	PSYCHOLOGY	MATRAINEE
	PSYD = PSYD (LIC. CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	WPSY=WPSY (WAIVERED CLINICAL PSYCHOLOGIST)	(9) PSYCHOLOGIST	PSYCHOLOGY	CLINICIAN
	RN = RN (REGISTERED NURSE)	(4) NURSE – RN	NURSING	RNSNOMHMASTERS
	RN,MS=RN,MS (REGISTERED NURSE, MS PSY)	(5) NURSE – RN,MS(PSYCHIATRY)	NURSING PSYCH	RNSMHMASTERS
ADDITIONAL USER ROLES (Non-Direct Service Staff) May be in Addition to User Role Above				
<input type="checkbox"/>	CLINICAL MANAGER	<input type="checkbox"/>	NON-BHRS LOOK UP	
<input type="checkbox"/>	CONTRACTOR ADMIN	<input type="checkbox"/>	UNIT CHIEF/SUPERVISOR	

Name _____

<input type="checkbox"/> CONTRACTOR CLINICIAN			
<input type="checkbox"/> CONTRACTOR MANAGER			

1. **DEMOGRAPHICS – Optional**

AVATAR location is Mandatory:

Language & Race/Ethnicity Data - ✓ all that apply.

Language	Read	Write	Speak	Ethnicity/Race		AVATAR Location User Roles	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	African-American	<input type="checkbox"/>	AARS (no location role)	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amerasian	<input type="checkbox"/>	Caminar (caminar)	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Native	<input type="checkbox"/>	Children's Health Council (no location role)	<input type="checkbox"/>
Other Non-English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Cordilleras (cordilleras)	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Daly City Youth (no location role)	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Edgewood (edgewood)	<input type="checkbox"/>
Other Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Fred Finch (no location role)	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native	<input type="checkbox"/>	Front Street (no location role)	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Mateo Lodge (mateolodge)	<input type="checkbox"/>
Llacano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Mental Health Association (mha)	<input type="checkbox"/>
Miehn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Prep/Beam (no location role)	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latino	<input type="checkbox"/>	Psynergy (no location role)	<input type="checkbox"/>
Lao	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	Rebekah Children's Services (no location role)	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific Islander	<input type="checkbox"/>	StarVista GIRLS (svgirls)	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	StarVista Womens Enrichment Center (wec)	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Telecare (telecaretransitions)	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	Youth Service Bureau (no location role)	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Thai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

(If you do not see your Program Listed, Please write it in on blank line)

To be Signed by Program Director/Supervisor I certify the information provided is correct and current.

Print Name of Program Director/Supervisor

Agency

Signature of Program Director/Supervisor

Date