



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

APPLICANT & AGENCY INFORMATION

Email to HS_BHRS_MISCredentiaing@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

USER INFORMATION (If licensed, registered or waived, exactly as it appears on license/registration.)

Last _____ First _____ Middle _____

Position _____ Applicant's Discipline _____

Gender M F DOB: _____ Social Security Number: _____

Work Phone _____

Administrative **Clinical (Licensed/Registered)** **Clinical (Student/Trainee)** (all documents need co-sign)

Counselor (Non-Licensed/Non-Registered with less than 2 years experience; all their MH documentation, Treatment Plan and Assessment always need co signature, progress notes needs a co-signature for 2 years. Not required for AOD)

Applicant Requires Co-Signature No Yes: If, yes, Co-Signer's Name _____

Contracted Provider Agency Name	
Program Name/Worksite	
Program Director/Supervisor Name	
Program Director/Supervisor Name Email (print)	

NPI # (National Provider Identification Information) License Registration Information

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

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

MediCare PTAN Information: _____ Effective Date: _____

License/Registration Number: _____

FOR UPDATES ONLY

Name Change: First Name: _____ Last Name: _____ eff. date: _____

Loc. Change: From: _____ to _____ eff. date: _____

Position Change: From: _____ to _____ eff. date: _____

License Change: From: _____ to _____ eff. date: _____



Last _____ First _____ Middle _____

CLINICAL PROGRAM STAFF			
PRACTITIONER CATEGORY – ALL AVATAR USERS(PRINTS ON DOCUMENTS) MIS Choose only one	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
AMFT = ASSOCIATE MARRIAGE FAMILY THERAPIST	(3) MARRIAGE+FAMILY THERAPIST (AMFT)	FAMILY THERAPIST	CLINICIAN
APCC = ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR	(3) MARRIAGE+FAMILY THERAPIST (MFT)	FAMILY THERAPIST	CLINICIAN
CNS = CNS (CLINICAL NURSE SPECIALIST)	(7) CLINICAL NURSE SPECIALIST	NURSING	RNSNOMHMASTERS
COUNSELOR = COUNSELOR	(13) MENTAL HEALTH COUNSELOR	VRS COUNSELOR	COMMUNITYWORKER
CW = CW (COMMUNITY WORKER)	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
DO= DR OF OSTEOPATHIC MEDICINE	(8) PSYCHIATRIST	PSYCHIATRY	MDSRNS
EDD = EDD (LICENSED CLINICAL PSYCHOLOGIST)	(13) MENTAL HEALTH COUNSELOR	OTHER	COMMUNITYWORKER
FP=FAMILY PARTNER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITYWORKER
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
MHRS = MENTAL HEALTH REHABILITATION SPECIALIST	(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
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



Last _____ First _____ Middle _____

DEMOGRAPHICS

AVATAR location

Language	Proficiency: Certified, Fluent, Good.	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)
Korean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amerasian	<input type="checkbox"/> Caminar (caminar)
Tagalog		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Native	<input type="checkbox"/> Children's Health Council (no location)
Other Non-English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/> Cordilleras (cordilleras)
English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/> Daly City Youth (no location role)
Spanish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	<input type="checkbox"/> Edgewood (edgewood)
Other Sign Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian	<input type="checkbox"/> Fred Finch (no location role)
Cambodian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native	<input type="checkbox"/> Front Street (no location role)
Amenian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/> Mateo Lodge (mateolodge)
Llacano		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/> Mental Health Association (mha)
Miehn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laotian	<input type="checkbox"/> Prep/Beam (no location role)
Hmong		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latino	<input type="checkbox"/> Psynergy (no location role)
Lao		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/> Rebekah Children's Services (no location role)
Turkish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/> StarVista (svgirls)
Hebrew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Samoaan	<input type="checkbox"/> StarVista Women's Enrichment
French		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/> Telecare (telecare transitions)
Polish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/> Youth Service Bureau (no location role)
Russian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<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"/>
Other Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Remember to complete this form and fax or email to BHRS whenever:

- Your agency hires a new person who will use the Avatar electronic medical record system.
- A staff member who uses Avatar leaves your agency.
- A registered clinical staff member achieves licensure.

Your agency is responsible for assuring that clinical staff members renew their license or registration.

If you have questions about the information requested on this form email HS_BHRS_IT_Support@smcgov.org
 The information provided is correct and current on the date of my signature.

 Print Name of Program Director/Supervisor

 Agency

 Signature of Program Director/Supervisor

 Date