



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 _____

DOB: _____ Social Security Number: _____ Work Phone _____

Telehealth: Yes No

Gender: Male Female Transgender Male To Female Transgender Female To Male Gender Queer
Another Gender Identity Undisclosed

☐ 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: _____ Hire 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: _____

Board Certified: Yes No If Yes, Name of Board: _____

Field Based Service Provider: Yes No If Yes, distance provider travels to field based services: _____

Maximum Number of San Mateo Medi-Cal Beneficiaries rendering provider will accept: _____

Age Group(s) Served: Youth Adults Both Number of Hours a Week Available for work with San Mateo Medi-Cal Clients: _____

Mental Health Area of Expertise: Child Adult Older Adult Substance Abuse

Cultural Competence Training: Yes No If yes, provide Date of Completion: _____

Number of Hours (within last year) Completed: _____



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
	PEER SUPPORT WORKER	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER
	PEER SUPPORT SPECIALIST	(12) COMMUNITY WORKER/CASE MANAGER	OTHER	COMMUNITY WORKER
	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	Certified	Fluent	Ethnicity/Race	AVATAR Location User Roles
American Sign Language			African-American	AARS (no location role)
Korean			Amerasian	Caminar (caminar)
Tagalog			American Native	Children's Health Council (no location)
Other Non-English			Asian Indian	Cordilleras (cordilleras)
English			Cambodian	Daly City Youth (no location role)
Spanish			Filipino	Edgewood (edgewood)
Other Sign Language			Guamanian	Fred Finch (no location role)
Cambodian			Hawaiian Native	Front Street (no location role)
Armenian			Japanese	Mateo Lodge (mateolodge)
Llacano			Korean	Mental Health Association (mha)
Miehn			Laotian	Prep/Beam (no location role)
Hmong			Latino	Psynergy (no location role)
Lao			Other	Rebekah Children's Services (no location)
Turkish			Asian/Pacific Islander	StarVista (svgirls)
Hebrew			Samoaan	StarVista Women's Enrichment
French			Vietnamese	Telecare (telecare transitions)
Polish			White	Youth Service Bureau (no location role)
Russian			Unknown	
Portuguese				
Italian				
Arabic				
Samoan				
Thai				
Other Language				

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

Provider Practice Focus (Please select up to 5 that apply):

Somatoform Disorders	Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
Factitious Disorders	Delirium, Dementia, and Amnesic and other Cognitive Disorders
Dissociative Disorders	Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized
Anxiety Disorders	Impulse-Control Disorders Not Otherwise Elsewhere Categorized
Eating Disorders	Schizophrenia and Other Psychotic Disorders
Sleep Disorders	Depressive Disorders
Adjustment Disorders	Bi-polar Disorders
Substance-Related Disorders	Mood Disorders
Personality Disorders	Sexual and Gender Identity Disorders

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