

# Provider Specialty Profile



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healthplan™

This profile was created to capture specific information that will allow us to improve our referral process by closely matching member needs with provider services. Please note that incomplete information will be rejected.

## Provider Information

Name: \_\_\_\_\_  
First Middle Last Suffix

Licensure: \_\_\_\_\_ State of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_  
(MD, ARNP, PhD, LCSW, etc.)

SS Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Provider e-mail: \_\_\_\_\_

Individual Medicaid Number: \_\_\_\_\_ Individual Medicare Number: \_\_\_\_\_

Individual NPI Number: \_\_\_\_\_ Individual Taxonomy Type: \_\_\_\_\_

Group NPI Number: \_\_\_\_\_ Group Taxonomy Type: \_\_\_\_\_

## Credentialing Information

Credentialing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Council for Affordable Quality Healthcare (CAQH) Participant?:  Yes  No If yes, list CAQH Number\* \_\_\_\_\_

*\*If you do not have a CAQH number, you can obtain one by going to [proview.caqh.org](http://proview.caqh.org).*

*\*Superior only accepts credentialing submissions through CAQH. For more information, visit [www.caqh.org](http://www.caqh.org).*

## Practice Information

Group Name/Clinic Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

*Please ensure that all practice locations are entered on your CAQH application.*

*Check here if you ONLY offer home based services*

Billing Office Contact Information: \_\_\_\_\_

Name Phone Email Address

Billing Address: \_\_\_\_\_

City State Zip

Mailing Address: \_\_\_\_\_

City State Zip

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Are you currently accepting new members?**  Yes  No

**Appointment Availability:** Please indicate your availability for the following appointment types:

\*Routine appointment  Yes  No  
*within 10 business days (14 calendar days)*

\*Urgent appointment  Yes  No  
*within 24 hours*

\*7-day Post Hospital Discharge appointment  Yes  No  
 Please indicate location:  In home  In office

**Ethnicity:** Please choose the option that best describes your ethnic background (used to meet member referral requests)

- American Indian or Alaskan Native
- African America, Black
- White, Non-Hispanic
- Asian or Pacific Islander
- Hispanic or Latino
- Other (please specify): \_\_\_\_\_

**Do you provide services in languages other than English?**  Yes  No

If "Yes," what other languages? \_\_\_\_\_

**Does your office staff speak languages other than English?**  Yes  No

If "Yes," what other languages? \_\_\_\_\_

**Do you offer emergency services?**  Yes  No

If "Yes," please describe? \_\_\_\_\_

**Are the following areas in your office handicapped accessible?** (Check those that apply.)

- Building
- Restroom
- Therapy Room
- Parking

**What are your age restrictions?** Youngest Age: \_\_\_\_\_ Oldest Age: \_\_\_\_\_

**Do you provide services to all genders?**  Yes  No

If "No," please explain: \_\_\_\_\_

## Treatment Expertise/Specialties

Please select the types of services you offer, including the disorders you treat and the modalities you practice.  
(Check those that apply.)

**NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.**

Certifications			
	Art Therapy		SBIRT
	Center of Excellence		Targeted Case Management (TCM) Certificate Required
	Emergency Services Provider		Trauma Informed Care
	Lead Behavior Analysis Therapist		TX CANS (Certificate Required)
	Positive Behavior Support		
Settings/Populations Treated			
	Adolescents		Homelessness
	Adults		Men
	Blind/Low Vision		Mobile Crisis
	Children		Nursing Home
	Community-Based		Physical Disability
	Deaf/Hard of Hearing		Serious Emotional Disturbance
	Developmental Disability		Serious Mental Illness
	Emotionally Disturbed		Severe Persistent Mentally Ill
	LGBTQ+		School Based
	Geriatric		Telemedicine
	Hospital-Based		Women
	Home-Based		Young Children
Treatment Modalities/Approaches			
	Applied Behavioral Analysis (ABA)		Child Parent Psychotherapy (CCP)
	Addictive Disorders		Child Psychological Testing
	Adolescent Psychotherapy		Child Psychiatry
	Adolescent Sex Offender		Christian Counseling
	Adolescent Psychiatry		Client Centered Therapy
	Adoption Issues		Cognitive Behavioral Therapy (CBT)
	Alcohol/Substance Abuse (SA) Treatment		Cognitive Rehab Therapy
	Anger Management		Community Support Program
	Art Therapy		Community Support Program for Homeless
	Attachment Therapy		Couples Therapy
	Behavioral Therapy		Crisis Intervention/Stabilization
	Brief Therapy		Critical Incident Debriefing
	Biofeedback		Dialectical Behavioral Therapy
	Chemical Dependency Assessment		Developmental Evaluation

	Domestic Violence		Parent Child Interaction Therapy (PCIT)
	ECT		Play Therapy
	EMDR		Psychological Testing
	Evaluation/Assessment		Psychoanalytic Therapy
	Family Therapy		Psychodynamic Therapy
	Family Systems		Psychopharmacology
	Geriatric Psychiatry		Pain Management
	Gestalt		Rationale Emotive Therapy
	Group Therapy		Relapse Prevention
	Hypnosis		Relationship Disorders
	Intensive Family Intervention		Sensory Processing/Integration
	Individual Therapy		Sexual Compulsions/Addictions
	Intensive Outpatient		Sex Therapy
	Intake Assessment		Solution Empowerment Therapy
	LGBTQ+		Stress Management
	Medication Management		Tobacco Cessation
	Methodone/Suboxone		Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
	Mood Disorders		Trauma Informed Care (TIC)
	Neuropsychological Testing		Trust Based Relational Intervention (TBRI)
	Neuro-Linguistic (NLP)		Weight Management
	Outcomes Oriented Therapy		
<b>Provider Specialty</b>			
	Addictive Medicine		Child/Parent Bonding
	ADD/ADHD		Co-occurring Disorders
	Addictive Disorders		Cognitive Disorder
	Adjustment Disorder		Concussion
	Adolescent Behavior Disorders		Criminal Offenders
	Adoption Issues		Dementia Disorders
	Adult ADD		Developmental Disability
	AIDS/HIV		Disruptive Behavior
	Anger Management		Dissociative Disorder
	Anxiety/Panic Disorder		Divorce/Separation
	Attachment Disorder		Domestic Violence
	Autism Spectrum Disorder		Dual Diagnosis
	Bipolar Disorders		Depression
	Chemical Dependency		Disabilities
	Christian/Spiritual		Eating Disorders
	Chronic Pain/Pain Management		Equine Assisted Therapies
	Crisis Stabilization		Family Dysfunction
	Cultural Disparities		Feeding Disorders

	Gender Identity		Post-Partum Disorder
	Grief/Loss/Bereavement		PTSD
	Head Trauma		Panic Disorder
	Gender Identity		Phobias
	Grief/Loss/Bereavement		Physical Abuse
	Head Trauma		Reactive Attachment Disorder
	Home Visits		Relapse Prevention
	Impulse Disorders		Schizophrenia
	Infertility		Serious/Persistent Mental Illness
	Inpatient Attending		Sexual Abuse/Incest
	Inpatient Consult MD		Sexual/Physical Abuse (Adults)
	Intellectual or Developmental Disorders		Sexual/Physical Abuse (Children)
	Learning Disability		Sexual Disorders
	LGBTQ+		Sexual Dysfunction
	Medical Evaluation		Sleep Disorder
	Medical Illness/Chronic Illness		Step/Blended Families
	Men Issues		Stress Management
	Mood Disorders		Self-Injury
	Marital Issues		Sexual Offender
	Obsessive Compulsive Disorder		Substance Abuse
	Oppositional Defiant Disorder		Suicide
	Organic Mental Disorder		Tobacco Cessation
	Parenting Issues		Women Issues
	Personality Disorders		Work Related Problems

Signature: \_\_\_\_\_ Date: \_\_\_\_\_