



Provider Interest Form

Carisk Behavioral Health is a Managed Behavioral Healthcare Organization (MBHO) dedicated to providing benefit administration and high quality coordination of mental health and substance abuse services for Health Maintenance Organizations (HMOs), Provider Specialty Networks (PSNs), Commercial employer groups and other managed care organizations. Carisk currently services Medicare, Medicaid, Children's Medical Services (Ped-I-Care and Community Care Plan – CCP, CMS Title XIX and CMS Title XXI) and Commercial self-funded employers.

To ensure that our Network is comprised of qualified behavioral health clinicians and facilities, all potential and/or existing providers undergo a thorough selection and review process to determine whether they are qualified to competently practice within the scope of their experience and expertise and meet our established credentialing criteria and nationally recognized professional standards.

While Carisk strives to make a credentialing determination in less than sixty (60) days, it may take longer since the process involves obtaining information from third parties. Your application will be reviewed and critical information will be validated. Prior to the initial credentialing process, the Provider Relations Department shall conduct primary source verification of applicant's credentials, including a query using the cumulative Medicare and Medicaid Sanctions and Reinstatement Report, or by individual queries using the List of Excluded Individuals and Entities (LEIE). If the applicant practitioner and/or provider appear on the (LEIE) they shall not be credentialed as a Carisk network practitioner and/or provider.

Practitioners are herein notified that they have the right to review information obtained by Carisk Behavioral Health to evaluate the credentialing application and have the right to correct erroneous information obtained by Carisk Behavioral Health, if the information obtained varies substantially from that provided by the practitioner. Practitioners also have the right to request the status of their credentialing and re-credentialing process by contacting the Provider Relations Department by calling 855.541.5300 or 305.514.5300, Option 2 for Providers and Option 7 for Provider Relations. You may also submit an email to providers@cariskpartners.com with any questions.

If you have any other questions or concerns related to this process, please contact the Provider Relations Department. We will gladly assist you!

Please complete and return the Provider Interest Form found on the following page.

Provider Interest Form

Provider Information:

Provider Name: _____ Date: _____
 Office Address: _____ Tax ID#: _____
 _____ Group/Individual NPI#: _____
 Primary County: _____ Other location(s): _____
 Contact Person: _____ Phone: _____
 Back Line#: _____ Fax#: _____
 Email: _____

Provider Type/Description (Check one):

MD / DO PhD, PsyD Master (LCSW, LMHC, LMFT) ABA Provider

Please check areas within your scope of practice for which you have training and expertise, and for which you are accepting referrals. A minimum of one (1) selection is required in both the General Categories.

Clinical Population:	Treatment Modalities:	
<input type="checkbox"/> Adolescents (13-17)	<input type="checkbox"/> Applied Behavioral Analysis	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Adults (18-64)	<input type="checkbox"/> Behavior Therapy	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Children (0-12)	<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Geriatric (65 and older)	<input type="checkbox"/> Cognitive Therapy	<input type="checkbox"/> Stress Management

Specialties: Please select eight (8) areas of expertise and rank them from 1 to 8, with 1 being greatest expertise.

	Rank		Rank
<input type="checkbox"/> Autism and Development Disorders		<input type="checkbox"/> ADHD	
<input type="checkbox"/> Certified Behavioral Analyst (BCBA)		<input type="checkbox"/> Gay/Lesbian/Transgender Issues	
<input type="checkbox"/> Depressive Disorders		<input type="checkbox"/> Domestic Violence (Adult/Children)	
<input type="checkbox"/> Anxiety Disorders		<input type="checkbox"/> Schizophrenic Disorders	
<input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)		<input type="checkbox"/> Sexual Dysfunctions	
<input type="checkbox"/> Bipolar Disorders		<input type="checkbox"/> Eating Disorders	
<input type="checkbox"/> Certified EAP Counseling		<input type="checkbox"/> Schizophrenic Disorders	
<input type="checkbox"/> Substance Abuse Professional (SAP/DOT)		<input type="checkbox"/> Faith-Based Counseling	
<input type="checkbox"/> Substance Abuse Disorders		<input type="checkbox"/> Workers' Compensation	
<input type="checkbox"/> Terminal Medical/ Behavioral Co-Morbidity		<input type="checkbox"/> Workplace Violence	
<input type="checkbox"/> HIV / AIDS		<input type="checkbox"/> Other:	
<input type="checkbox"/> Obesity		<input type="checkbox"/> Other:	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Other:	

Please return this form to:

Carisk Behavioral Health
 Attn: Provider Relations Department
 10685 North Kendall Drive, Miami, FL 33176
 Email: providers@cariskpartners.com | Fax: 305.514.5331