



SECTION 2 – PROVIDER SERVICES INFORMATION

What service do you provide in your office?

In additional to English, what languages do you speak in your office? Spanish Hmong Other:

What type of patients do you treat? Children Adults Pregnant Women

***Office Hours** (list in the days and hours the practice is open)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Is your office wheelchair accessible? Yes No

Do you provide telehealth services? Yes (An onsite visit will need to be scheduled with credentialing) No

Primary Care Provider Services Information

If you are a primary care provider (PCP), please answer the following questions:

Do you provide EPSDT services? Yes No

Do you participate in the Vaccines for Children Program? Yes No

Behavioral Health Providers Services Information

If you're a Behavioral Health provider, please answer the following questions:

Are you able to schedule a patient visit within seven days of discharge from an inpatient facility? Yes No

*Do you provide day treatment? Yes No
 Children / adolescents (under age 18)
 Adults (over age 18)

Upon completion of this form:

- Please review all the answers and information you provided is correct
- Attach your W-9 form along with this questionnaire and email it to Provider Contracting at CCHP-Contracting@chw.org
- If approved, Chorus Community Health Plans will email you a Provider Network Agreement within 30 days of receiving the letter of interest.
- Please attach a copy of the facility's insurance certificates including insurer affording coverage, policy number, effective date and expiration date