

# YOLO COUNTY ALCOHOL, DRUG & MENTAL HEALTH DEPARTMENT

## Practitioner ID Request Form



This form provides the information required to assign and add a new practitioner ID number into the ADMH Avatar system (aka: ADMH MIS)  
 A practitioner is someone who provides direct or indirect services to a client. This practitioner must be setup in the AVATAR system if direct or indirect services are to be authorized and/or billed in AVATAR. All items on this form are required to be completed.

**DATE OF REQUEST:** \_\_\_\_\_

**Practitioner Type:** (Select only One)

- Intern
  Employee (Permanent or Extra-Help)  
 Provider (CBO, Managed Care, Institutional)
  Contractors/Temps (Contractors providing in-house services, e.g., Kelly Services.)

**Agency/Organization Representative Submitting Request:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Agency/Organization Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Name of Practitioner:** (Last Name, First Name, MI) \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Practitioner's NPI No.:** \_\_\_\_\_ **Primary Taxonomy Code:** \_\_\_\_\_

**Primary Office Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Registration Date:** \_\_\_\_\_ **Deactivation Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Area of Degree/Discipline:** (Select only One)

- Alcohol/Drug
  Marriage Family
  Medical Doctor
  Nursing
  Occupational Therapy
  Psychology  
 Rehabilitation
  Social Work
  Support
  Unknown
  Other \_\_\_\_\_

**Practitioner Category:** (Select only One)

- ASW
  LCSW
  MD
  OT
  RN  
 CAC
  LMFT
  MFTI
  PA
  Student Intern  
 CNS
  LPT
  MHRS
  Ph.D.
  Other \_\_\_\_\_  
 DO
  LVN
  NP
  Psy.D.

**License Information:**

Yes
  No
 License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ DEA No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Practitioner Coverage Category:** (Select only One)

- ADMH Specialist
  Assoc. Social Worker
  Certified Alcohol Counselor
  Licensed Psychiatric Tech.  
 Licensed Vocational Nurse
  Marriage Family Therapist
  Marriage Family Intern
  Nurse Practitioner  
 Occupational Therapist
  Physician (Not Psychiatric)
  Physician's Assistant
  Psychiatrist  
 Psychologist
  Registered Nurse
  Social Worker
  Student Intern  
 Other (Non-billable)
  Other Therapist (Billable)
  Unknown
  Other \_\_\_\_\_

**Billing Site Medi-Cal Authorization:**

**Is office located in a Medi-Cal authorized billing site?**  Yes  No

Answer should be **YES** in order for services to be billed in AVATAR. Check the appropriate answer above if the criterion is met by one of the following statements:

- The *contracted* Organizational Provider site where you work is Medi-Cal certified.
- You are a *contracted* individual private provider and have been *credentialed* to bill Medi-Cal.
- You are an employee of ADMH and deliver services out of an ADMH-owned and operated building.
- You are an employee of ADMH and deliver services out of an ADMH satellite site, e.g., school setting.

### ADMH Use Only

**Office of Inspector General (OIG) Search:** \_\_\_\_\_ DATE \_\_\_\_\_ QUALITY MANAGEMENT STAFF SIGNATURE: \_\_\_\_\_

**License Verification:** (BBS, MD, etc.) \_\_\_\_\_ DATE \_\_\_\_\_ QUALITY MANAGEMENT STAFF SIGNATURE: \_\_\_\_\_

**Medi-Cal Suspended/Ineligible Check:** \_\_\_\_\_ DATE \_\_\_\_\_ QUALITY MANAGEMENT STAFF SIGNATURE: \_\_\_\_\_

**When Practitioner ID is entered into AVATAR, forward this form to the Billing Supervisor so billing can be setup in AVATAR.**