Mental Health Professional and Mental Health Facility Report Form
Mental Health Professional Report Tab
Form No. 40-268

Row #	Network Name	Network ID	Subcontracted Plan License Number	Subcontracted Plan Network ID	Last Name	First Name	NPI	Entity Name	Entity NPI	CA License / Certificate	Non-CA License / Certificate
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Mental Health Professional and Mental Health Facility Report Form
Mental Health Professional Report Tab
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Row #	Non-CA License / Certificate State	Type of License / Certificate	Specialty	Population Age Served	Provider Group	Clinical Encounters by Network Provider	Number of Enrollees Utilizing the Network Provider	Network Tier ID	Full-Time / Part-Time	Facility	Facility NPI
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Mental Health Professional and Mental Health Facility Report Form
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Row #	HCAI ID	Provider Language 1	Provider Language 2	Provider Language 3	Practice Address (In-Person)	Practice Address 2 (In-Person)	City	County	State	ZIP Code	Phone Number
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Mental Health Professional and Mental Health Facility Report Form
Mental Health Professional Report Tab
Form No. 40-268

Row #	Primary or Secondary Practice Address	Accepting New Patients or Referrals	Displayed in Provider Directory	In-Person Appointments	Telehealth Only	Telehealth Delivery Modality	Patient Location	E-mail Address	Provider Participation Status	Status Date
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Mental Health Professional and Mental Health Facility Report Form
Mental Health Facility Report Tab
Form No. 40-268

Row #	Network Name	Network ID	Subcontracted Plan License Number	Subcontracted Plan Network ID	Mental Health Facility Name	DBA	NPI	CA License	Non-CA License	Non-CA License State	HCAI ID
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Mental Health Professional and Mental Health Facility Report Form
Mental Health Facility Report Tab
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Row #	Mental Health Facility Type	Population Age Served	Clinical Encounters by Network Provider	Number of Enrollees Utilizing the Network Provider	Network Tier ID	Practice Address (In-Person)	Practice Address 2 (In-Person)	City	County	State	ZIP Code
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Mental Health Professional and Mental Health Facility Report Form
Mental Health Facility Report Tab
Form No. 40-268

Row #	Phone Number	Accepting New Patients or Referrals	Displayed in Provider Directory	Telehealth Only	Telehealth Delivery Modality	Patient Location	Provider Participation Status	Status Date
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