

BabyNet Service Provider Application

Enrollment Type:

- New Agency Provider (New BabyNet Agreement)
- New Rendering Provider (Adding an Employee to Existing Agency Agreement)
- Update to existing BabyNet Agreement

Business Information:

Business Name:

Business Contact:

Email Address:

Federal Tax ID # / Social Security #:

Group NPI Number:

Mailing Address:

City:

State:

Zip Code:

Business Address:

City:

State:

Zip Code:

Area Code/Telephone Number:

Area Code/Fax Number:

Do you operate under a trade or company name as Doing Business As Name (DBA) Yes No

If yes, enter Doing Business As Name (DBA) _____

Accounting Correspondence/Pay to Address Information:

Contact Person:

Office Number:

Corresponding Email Address:

Address:

City:

State:

Zip:

Business Taxonomy Codes:

Taxonomy 1:

Taxonomy 2:

Taxonomy 3:

Taxonomy 4:

Taxonomy 5:

Taxonomy 6:

Taxonomy 7:

Taxonomy 8:

Rendering Provider Information: (If the Rendering Provider is an Assistant please provide Supervisor's information)

First Name:

MI:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Rendering Provider Taxonomy Codes:

Taxonomy 1:

Taxonomy 2:

Taxonomy 3:

Taxonomy 4:

Area Code/Telephone Number:

NPI Number:

Email Address:

Assistant Supervisor:

Assistant Supervisor
NPI Number:

Assistant Supervisor Taxonomy Code:

Provider Type and Specialty

Provider Type: _____

Primary Specialty:	Primary Sub-Specialty:
Secondary Specialty:	Secondary Sub-Specialty:

Services to be Provided: Agency check all services provided Rendering Provider check service provided

ABA Consultant	Optometrist
ABA Paraprofessional	Orientation/Mobility Specialist
Assistive Technology Provider	Physical Therapist
Audiologist	Physical Therapist Assistant
Counselor	Physician
Dietitian	Psychologist
Nurse (Licensed Practical Nurse)	Specify Other (specify)
Nurse (Registered)	Social Worker
Occupational Therapist	Speech Pathologist
Occupational Therapist Assistant	Speech Pathologist Assistant

Interpretation Services Only:

Foreign Language (Oral Interpretation) Foreign Language Translator (Written)

Languages Supported:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian	<input type="checkbox"/> Chinese
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> French Creole
<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hindi
<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Persian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai
	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Yiddish

Other: _____

Provide the counties you would be willing to serve:

Natural Environment Provider Only	Yes	No
Natural Environment Provider and Non-Natural Environment	Yes	No
Non-Natural Environment Provider Clinic/Hospital Only	Yes	No

Signature: _____ Date: _____