HUMAN BEHAVIOR INSTITUTE
Full Service Behavioral Health

2740 South Jones Blvd, Las Vegas, NV 89146
Phone (702) 248-8866 ext. 210 • Fax (702) 248-9640
www.hbinetwork.com

INDIVIDUAL PROVIDER LETTER OF INTENT

		DATE:
NAME		TITLE/CREDENTIALS:
TIN	NPI	CURRENT LICENSE
MAILING ADDRESS		
CITY, STATE, ZIP		
PRACTICE ADDRESS (If different from above)		
CITY, STATE, ZIP		
TEL. NO.	FAX NO.	E-MAIL

EDUCATIONAL BACKGROUND			
UNIVERSITY	DEGREE	YEAR GRADUATED	YEAR COMPLETED RESIDENCY/INTERNSHIP

CURRENT LICENSES			
DISCIPLINE OF PRACTICE (Check all that apply)	LICENSE		
	STATE	NUMBER	EXP. DATE
☐ Psychiatrist ☐ M.D. ☐ D.O. ☐ Board Cert			
☐ Clinical Psychologist			
☐ Licensed Clinical Social Worker			
☐ Licensed Marriage and Family Therapist			
☐ Licensed Alcohol and Drug Counselor			
☐ Certified Case Manager			
☐ Licensed Mental Health Counselor			
☐ Advanced Psychiatric Nurse			
☐ Other			

CURRENT PRACTICE INFORMATION	
GROUP AFFILIATION	
PSYCHIATRIC FACILITY/HOSPITAL PRIVILEGES	
PATIENTS SERVED (Check all that apply) **Must submit proof of education, training, and experience in treatment of children* ☐ *Children (below) 7yo ☐ *Children 7-12yo ☐ Adolescents ☐ Adults ☐ Geriatrics ☐ Couples/Family ☐ Groups	
LANGUAGES SPOKEN (Other than English)	
SPECIALIZATION (List areas of expertise)	
MEDICARE PROVIDER ☐ Yes ☐ No	MEDICAID PROVIDER ☐ Yes ☐ No

Submit this completed form and any required documentation to HBI Provider Services
Fax: (702) 248-9640 or E-mail: credentialing@hbinetwork.com

NOTE: This is ONLY a Letter of Intent and does not entitle you as a network provider. Our Provider Services Department will send you an application packet that you are required to complete in order to become a fully credentialed provider.

PROVIDER/AUTHORIZED SIGNATURE

PRINT NAME & TITLE OF AUTHORIZED PERSON