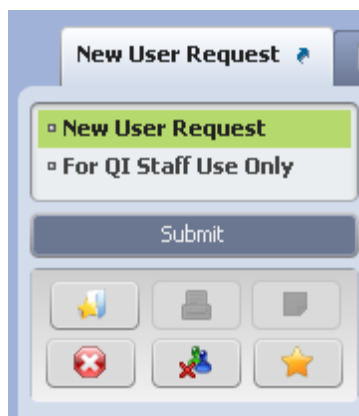
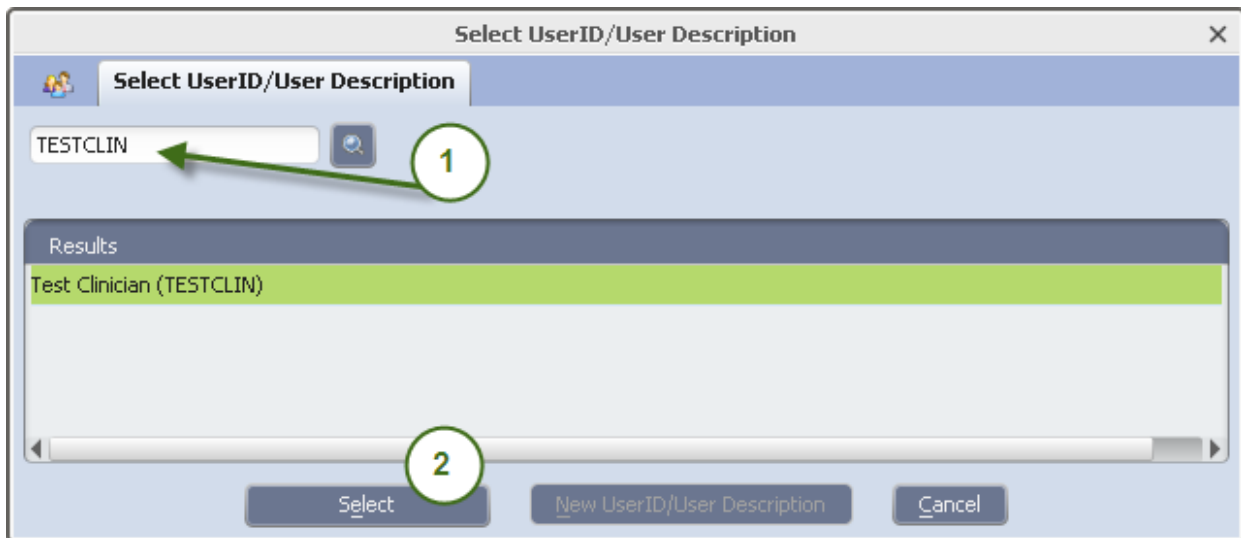


## CHAPTER 19 – STAFF PROCEDURES

### NEW USER REQUEST FORM

<b>LOCATION</b>	AVATAR PM→PRACTITIONER→PRACTITIONER REGISTRATION→NEW USER REQUEST
<b>PURPOSE</b>	To provide Avatar access to new employees. Person submitting the request must be a Supervisor or Manager. Complete applicable fields, depending on the new employees' role.  <b>****Billing cannot begin until we have all information****</b>
<b>RULES</b>	<ul style="list-style-type: none"><li>You will need to enter your USER ID which is the same as your Avatar log in</li><li>SIGNATURE is REQUIRED</li></ul>
<b>STEPS</b>	<ol style="list-style-type: none"><li>Enter your USERID (ALL CAPS)</li><li>Click on Select</li><li>In the New User Request section, complete all the fields, including the Clinical License Information and the NPI Attestation section only if the user will be providing services to clients.</li><li>Submit the form</li></ol> <p>Our QI Staff will review the form and complete the “For QI Staff Use Only” section of the form. Once ALL NECESSARY information has been completed and entered you will be notified by email.</p>



New User Request

New User Request

For QI Staff Use Only

Submit

Please complete the New User Request Form for the Staff whose services will be claimed to Monterey County Behavioral Health Division (BHD)

Date of Request  
03/26/2020

Supervisor

Supervisor email address

Supervisor Contact Phone Number

Program

Is this for a Monterey County Employee?

Manager

Staff First Name

Staff Middle Initial

Staff Last Name

Staff Birth Date

Staff Start Date

Does Staff Need an Avatar Account?

Avatar User Role  
 AOD Staff  
 County Admin  
 County BH Aide

Does employee need new staff ID to provide services?

Staff Site Address

Age Group Served  
 0-15  
 16-18  
 16-25  
 18 and Over

Staff Phone Number

Staff Email Address

Staff Gender

Staff Ethnicity

Staff Termination Date

CLINICAL LICENSE INFORMATION

Clinical License Number (BBS Issued #)

License State

License Renewal Date

NPI Number

UPIN Number (if known)

DEA Number

STAFF LANGUAGES (select all that are applicable)

- ARABIC
- ARMENIAN
- CAMBODIAN
- CANTONESE
- CHINESE DIALECT

Provider Transaction Access Number (PTAN) If known

License/Classification

County Staff Title in Outlook

I acknowledge that Monterey County Behavioral Health Division may submit a claim to different payor sources for the services I provide. In providing my electronic signature below, I authorize Monterey County Behavioral Health Division to claim services on my behalf.

NOTE: Staff Signature is only required for staff providing services. Data Entry staff do not require an NPI or staff signature

National Provider Identifier Attestation

To the best of my knowledge: I have applied for an NPI with the Department of Health Services for Medicare and Medicaid Services (CMS) If you have not received your NPI but have applied for it please supply the information of a contact that can supply your NPI when it is issued.

NPI Contact Name (if any)

NPI Contact Phone Number

Staff Signature (Only Required for staff providing services)