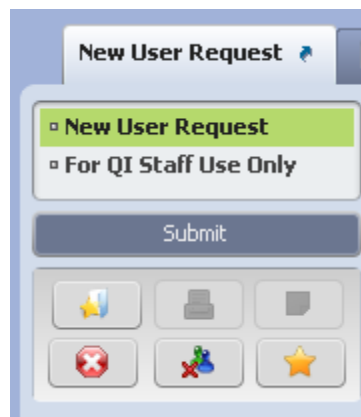
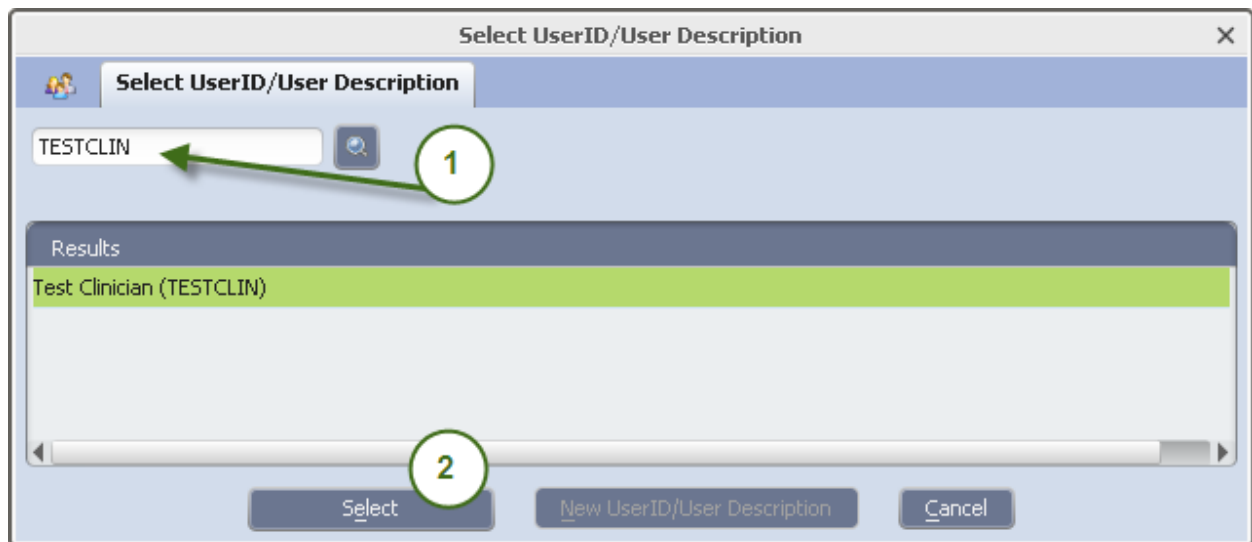


CHAPTER 19 – STAFF PROCEDURES

NEW USER REQUEST FORM

LOCATION	AVATAR PM→PRACTITIONER→PRACTITIONER ENROLLMENT→NEW USER REQUEST
PURPOSE	To register new employees in our Avatar and Network system. All fields are not in red however, they are necessary to request a new user Avatar account. ****Billing cannot begin until we have all information****
RULES	<ul style="list-style-type: none">You will need to enter your USER ID which is the same as your Avatar log inSIGNATURE is REQUIRED
STEPS	<ol style="list-style-type: none">Enter your USERID (ALL CAPS)Click on SelectIn the New User Request section, complete all the fields, including the Clinical License Information and the NPI Attestation section.Submit the form <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>



3

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

Supervisor

Program

Staff Site Address

Staff First Name

Staff Birth Date

Staff Middle Initial

Staff Last Name

Staff Email Address

Staff Gender

Staff Phone Number

STAFF ETHNICITY (select one below)

Staff Start Date

Staff Termination Date

CLINICAL LICENSE INFORMATION

Clinical License Number

License Renewal Date

NPI Number (if known)

UPIN Number (if known)

License State

DEA Number

STAFF LANGUAGES (select all that are applicable)

CAMBODIAN
 CHINESE DIALECT
 ENGLISH
 ETHIOPIAN DIALECT

Staff Title (select the most applicable)

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.

Staff Signature

Get 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