

Please provide this information so we can make sure our system is up to date about your program. Please fill this out for all locations. If you are looking for a rate addendum, we will only be able to discuss that once we have received this form back. You will also need to send the current liability insurance information and any accreditations like CARF or JACHO the facility holds.

Facility Information:

Facility Legal Name	
Facility DBA (if applicable)	
Facility Parent Company (if applicable)	
Facility Tax ID	
Facility NPI (List all)	
Facility License (State, Number, Expiration date)	
Facility Physical Address	
Facility Billing Address (if different)	
Main Phone Number of Facility	
Admissions Phone Number of Facility	
Fax Number to send Authorizations	

Contacts:

Contact	Name	Email	Phone Number	License Number (If applicable)
Billing Issues				
Admissions				
UR Issues/compliance				
Business Development				
Clinical Director				
Medical Director				

Facility Programming Details:

Identify all Levels of Care provided	
What ASAM level is the facility? (if appropriate)	
Is UR done by a 3 rd Party offsite?	
Is billing done by a 3 rd Party offsite?	
Who does the discharge planning?	
What specialty tracks do you offer? Wilderness, first responders, Etc.	
Do your physicians bill under same tax ID or separately?	

Also, please provide answers to the following questions around your outcome data:

1. What are you doing to track recidivism?
2. What do you do for after-care support?
3. How do you measure the quality of care you provide?
4. What follow up do you do with clients once they leave your facility?
5. What criteria are you doing to demonstrate the efficacy of your programs?

If you have questions, please call us at 800-873-7138 or email providerinfo@minesandassociates.com.

Thank you,
Raena and the MINES Provider Relations Team