



BabyNet Early Intervention 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 DBA Name:

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's Supervisor:

Assistant's 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

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

Interpretation Services Only:

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

Languages Supported:

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

Other:

Provide the counties you would be willing to serve:

Natural Environment Provider Only	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Natural Environment Provider and Non-Natural Environment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Non-Natural Environment Provider Clinic/Hospital Only	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<i>Signature</i>	<i>Date</i>
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