

NETWORK OF CARE PROVIDER LISTING FORM

I. Name: _____
Last First Middle Initial

Address #1: Street City State Zip

Phone _____ **Fax** _____ **Email Address** _____

Agency: _____
Company Name Contact Person

Address #2: Street City State Zip

Phone _____ **Fax** _____ **Email Address** _____ **Web Site Address** _____

Additional Locations? (List on Page 5)

Please choose the NOC County sites you would like to be listed under:

- | | |
|---|--|
| <input type="checkbox"/> Allegany, Garrett, Washington
<input type="checkbox"/> Baltimore City
<input type="checkbox"/> Baltimore County
<input type="checkbox"/> Calvert, Charles, St. Mary's
<input type="checkbox"/> Caroline, Somerset Wicomico | <input type="checkbox"/> Carroll, Frederick
<input type="checkbox"/> Cecil, Harford
<input type="checkbox"/> Howard
<input type="checkbox"/> Montgomery
<input type="checkbox"/> Prince George's |
|---|--|

II. Days of Operation With Hours of Operation (Circle):

- Monday a b c d: _____
- Tuesday a b c d: _____
- Wednesday a b c d: _____
- Thursday a b c d: _____
- Friday a b c d: _____
- Saturday a b c d: _____
- Sunday a b c d: _____

EXAMPLE:

- a. 8:00 a.m to 12 noon
- b. 12:00 noon to 4 p.m.
- c. after 4 p.m to _____
- d. Other: _____

Insurance (Check All That Apply):

- Medical Assistance
- Medicare
- PAC
- Private: _____
- MD Psychiatrist
- MD Other: _____
- Psychologist
- Marital & Family

List Licensed Staff with Type of License

(Check All That Apply to Practice Group):

- LCPC
- LCSW-C
- Psychiatric Nurse
- OTR
- Other: _____

**COMAR Service Codes - As licensed, or approved by the State of Maryland
(Check All That Apply):**

III. Mental Health:

- | | |
|--|--|
| <input type="checkbox"/> Case Management, 10.09.45 | <input type="checkbox"/> Psychiatric Rehabilitation, Child, 10.21.29 |
| <input type="checkbox"/> Crisis Beds, 10.21.26 | <input type="checkbox"/> Psychiatric Day Treatment, 10.21.02 |
| <input type="checkbox"/> EPSDT, 10.09.23 | <input type="checkbox"/> Respite, 10.21.27 |
| <input type="checkbox"/> Home Health, 10.9.04 | <input type="checkbox"/> Residential Rehabilitation, 10.21.22 |
| <input type="checkbox"/> Intensive Outpatient-MH, 10.21.20 | <input type="checkbox"/> Residential Treatment Center, 10.09.29 |
| <input type="checkbox"/> Mental Health Group Homes, 10.21.04 | <input type="checkbox"/> Therapeutic Group Home, 10.21.07 |
| <input type="checkbox"/> Mental Health Vocational Program, 10.21.28 | <input type="checkbox"/> Therapeutic Nursery Program, 10.21.018 |
| <input type="checkbox"/> Mobile Treatment, 10.21.19 | <input type="checkbox"/> Traumatic Brain Injury, 10.09.46 |
| <input type="checkbox"/> Outpatient Mental Health Center, 10.21.20 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatric Rehabilitation, Adult, 10.21.21 | |

Substance Abuse:

- | | |
|---|--|
| <input type="checkbox"/> Early Intervention, 10.47.02.03 | <input type="checkbox"/> Detoxification Svcs, 10.47.02.10 |
| <input type="checkbox"/> Outpatient Treatment Svcs, 10.47.02.04 | <input type="checkbox"/> Medication-Assisted Tx, 10.47.02.11 |
| <input type="checkbox"/> Intensive Outpatient & Partial Hosp. Svcs, 10.47.02.05 | <input type="checkbox"/> Education Programs, 10.47.04 |
| <input type="checkbox"/> Res. Svcs. – Halfway Houses, 10.47.02.06 | <input type="checkbox"/> STOP 10.47.05 |
| <input type="checkbox"/> Res. Svcs – Long Term Residential Care, 10.47.02.07 | <input type="checkbox"/> Treatment to Work 10.47.06 |
| <input type="checkbox"/> Res. Svcs – Therapeutic Community, 10.47.02.08 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Res. Svcs– Med Monitored Intensive Inpatient Tx, 10.47.02.09 | |

Psychiatric Hospitals:

- Acute General
- Private Psychiatric (IMD)
- State Psychiatric Hospital

Languages:

- American Sign
- English
- Korean
- Spanish
- Other _____

IV. PROVIDER INFORMATION

Techniques/Theoretical Orientation - Choose up to Six:

- | | | |
|---|---|--|
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Family Systems | <input type="checkbox"/> Religious Oriented Counseling |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Rational Emotive |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Freudian | <input type="checkbox"/> Solution Based |
| <input type="checkbox"/> Cognitive Behavioral | <input type="checkbox"/> Gestalt | <input type="checkbox"/> Transactional Analysis |
| <input type="checkbox"/> Dynamic | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Transpersonal |
| <input type="checkbox"/> Dialectical Behavioral | <input type="checkbox"/> Jungian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Play Therapy | _____ |
| <input type="checkbox"/> Existential | <input type="checkbox"/> Reality | _____ |

Specialties (Check All That Apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> ACOA | <input type="checkbox"/> Deafness | <input type="checkbox"/> Neuropsychological Assessment |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Death/Dying/Terminal Illness | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Acute Crisis & Evaluation | <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Adolescent Issues | <input type="checkbox"/> Depressive Disorders | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Physical/Sexual Abuse-Child |
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Physical/Sexual Abuse Adult/Elder |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Eating Disorders | |
| <input type="checkbox"/> Anxiety/Panic/Phobic Disorders | <input type="checkbox"/> ECT | |
| <input type="checkbox"/> Biofeedback/Relaxation | <input type="checkbox"/> EMDR | |
| <input type="checkbox"/> Bipolar/Mood Disorders | <input type="checkbox"/> Elder Issues | |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Forensics | |
| <input type="checkbox"/> Child Issues | <input type="checkbox"/> Grief/Bereavement | |
| <input type="checkbox"/> Co-Dependency | <input type="checkbox"/> HIV/AIDS | |
| <input type="checkbox"/> Compulsive Gambling | <input type="checkbox"/> Infant/Pre-School Disorders | |
| <input type="checkbox"/> Conduct Disorders | <input type="checkbox"/> Mediation | |
| <input type="checkbox"/> Co-Occurring, MH & Substance Abuse | <input type="checkbox"/> Medications (Psychopharmacology) | |
| <input type="checkbox"/> Couples/Marital | <input type="checkbox"/> Men's Issues | |
| <input type="checkbox"/> Critical Incident Stress Debriefing | <input type="checkbox"/> Mental Retardation | |
| <input type="checkbox"/> Cultural/Ethnic Issues | <input type="checkbox"/> Neurological | |

Specialties (Check All That Apply) Cont'd:

- PTSD
- Psychological Testing-Adult
- Psychological Testing-Child
- Rape
- Schizophrenia/Psychosis
- Sexual Dysfunction

- Sex Offenders Treatment
- Sexual Orientation/Preference Issues
- Sleep Disorders
- Sports Psychology
- Substance Abuse

- Traumatic Brain Injury
- Veteran's Issues
- Women's Issues
- Other: _____
- _____

Methods:

- Individual
- Group
- Couples/Family

Age Group Specialty:

- 0-5
- 6-12
- 13-17
- 18-21
- 22-64
- 65+

Accessibility:

- ADA Compliant
- Within 100 Yards of Public Transportation
- Provide Transportation (Specify Conditions) _____
- Off Hours Coverage (Explain): _____
- Other Special Arrangements (Explain): _____
- Can accept urgent referrals (within one working day). Explain: _____

Sex & Ethnicity of Provider:

- Male
- Female
- Alaskan Native
- Asian/Pacific Islander
- African American
- Hispanic
- Native American
- White
- Multi-Racial
- Other: _____

