



**Maryland Outpatient Mental Health Provider
Quality Incentive Program (QuIP)
Value Intensive Program (VIP)**

Enrollment Form

Provider Name _____

VO Provider # _____

Primary Contact Name _____

Primary Phone & Fax _____

Confirm by Checking I or II

- I. **Requesting enrollment ONLY in QuIP**
- II. **Requesting enrollment in QuIP and as VIP provider (must select A or B)**
 - A. **Case Management offered through provider's own staff**
 - B. **Case Management offered through agreement with CM agency**

Name of CM Agency: _____

**Submit this enrollment form to ValueOptions® Maryland via fax at 410-691-4001.
Send to the attention of Provider Relations.**