Blue Cross & Blue Shield of Rhode Island
Behavioral Health Provider Practice Information Survey

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is seeking to improve our members' experience when they are searching for behavioral health providers online. In order to provide them with the most up-to-date information about your practice, please complete this survey , and fax it to (401) 459-1369.

Provider Name (Please print): _____

Services Offered (Select the services that best apply to your office practice.)	**Age Categories** (Select the age categories that best apply to your office practice.)
❑ Individual ❑ Family ❑ Inpatient Services **ONLY**	❑ Child (1-12 years) ❑ Adolescent (13-17 years) ❑ Adults (18-64 years) ❑ Geriatrics (65 and older)

Area(s) of Expertise (Select all that apply.)	
❑ Abuse, Assault, and Trauma (PTSD) ❑ Anxiety and Panic Disorders ❑ Attention Deficit Disorder (ADD/ADHD) ❑ Autism Spectrum Disorders (Autism/PDD/Asperger's) ❑ Bipolar Disorders/Manic Depressive Illness ❑ Chemical Dependency/ Chemical Dependency Assessment ❑ Christian Counseling ❑ Depression ❑ Eating Disorders ❑ Electroconvulsive Therapy (ECT) ❑ Family Therapy ❑ Gay/Lesbian/Bisexual Issues ❑ Group Therapy ❑ Medication Management ❑ Neuropsychological Testing ❑ Obsessive Compulsive Disorders ❑ Pain Management ❑ Personality Disorders ❑ Postpartum Issues ❑ Prenatal Issues	❑ Psychological Testing ❑ Schizophrenic Disorders ❑ Adoption ❑ Bariatric Assessment ❑ Behavior Modification ❑ Brief Solution Focused ❑ Compulsive Gambling ❑ Divorce/Blended Family Issues ❑ Cultural/Ethnic Issues ❑ Dialectical Behavioral Therapy (DBT) ❑ End-of-Life Issues ❑ HIV/AIDS-Related Issues ❑ Infertility ❑ Men's Issues ❑ Sexual Disorders ❑ Women's Issues ❑ Behavioral Therapy for Autism Spectrum Disorders ❑ Transgender Issues ❑ Geriatrics ❑ Cognitive Behavioral Therapy (CBT)

Provider Signature: _____ Date: ____/____/____
(Signature is required to attest to the accuracy of information stated above)