

# Contract Services Form



## Provider Information

<b>Provider Group name:</b>		<b>Group Tax ID or SSN billing under:</b>
<b>Group NPI:</b>	<b>Contact Ph:</b>	<b>Contact email:</b>

## General Services

Ambulance Transportation	Ophthalmology services	Home Health Services & Private Duty Nursing
Ambulance Surgery Center	Nursing facility services	Mental Health and/or Substance Abuse services
Ambulette Transportation	Inpatient Hospital services	Obstetrical and/or Gynecological services
General Transportation	Outpatient Hospital Services	Vision (optical) services, including eyeglasses
Dental Services	Nursing Hospice Care	Physical and Occupational Therapy
Emergency Services	Durable Medical Equipment (DME)	Family Planning services and supplies
Podiatry services	Federally Qualified Health Center	Advanced Practice Nurse services (Specify)
Pharmacy	Primary Care provider services	
Physician services	Speech and Hearing services	Specialty physician services (specify)
Renal dialysis	Rural Health Clinic Services	
Medical Imaging	Laboratory services	
Hospice Care	Chiropractic Services	Other:

## Community Behavioral Health Services (only in the MyCare Ohio benefit)

<b>BH Provider Type:</b> Community Mental Health Center / Type 84	Substance Abuse Disorder / Type 95
Non 84/95 Type BH Provider	
<b>Services</b>	
Pharmacological Management	Ambulatory Detox
Behavioral Health Assessment	Targeted Case Management for AOD
Behavioral Health Counseling and Therapy	Intensive Outpatient
Crisis Intervention	Laboratory urinalysis
Partial Hospitalization	Med-Somatic
Community Psychiatric Support Treatment	Methadone Administration
Behavioral Health Counseling and Therapy	Behavioral Health Respite
Individual Placement & Support / Supported Employment (IPSE/SE)	Peer Recovery Support
Assertive Community Treatment (ACT)	Intensive Home Based Treatment (IHBT)
Substance Use Disorder Residential	Mental Health Group Day Treatment
Other, please specify:	

## Home and Community Based Services (only in the MyCare Ohio benefit)

Out of Home Respite Services	Waiver Nursing Services
Adult Day Health Services	Home Delivered Meals
Waiver Transportation	Assisted Living Services
Chore Services	Home Care Attendant
Social Work Counseling	Choices Home Care Attendant
Emergency Response Services	Enhanced Community Living Services
Home Modification Maintenance and Repair	Nutritional Consultation
Personal Care Services	Independent Living Assistance
Homemaker services	Community Transition Services
Pest Control	Alternative Meals Service
Home Medical Equipment and Supplemental Adaptive and Assistive Device Services	Home Care Nursing Attendant