

PROVIDER INQUIRY FORM

Provider Name: Click here to enter text.		
Physical Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.
Mailing Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.
Contact Person(s) and Title(s): Click here to enter text.		
Phone Number(s):	Click here to enter text.	Click here to enter text.
Fax Number: Click here to enter text.		
Email Address: Click here to enter text.		
Website (if applicable): Click here to enter text.		
Is provider a Company/Organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing to contract with StarCare to serve non-Medicaid funded individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Please describe your experience delivering mental health services by completing the questions below.</p> <ol style="list-style-type: none"> 1. How many years have you been providing mental health services? Click here to enter text. 2. Which populations do you currently serve? Click here to enter text. 3. What types of individuals (e.g., children, youth, and/or adults) do you serve? Click here to enter text. 4. What types of staff do you currently employ (position/credentials)? Click here to enter text. 5. What licensure and/or national certification or accreditation do you maintain? Click here to enter text. 6. Is your company Texas-based or part of a national entity? Click here to enter text. <p>Use this section to provide additional information about your company. Click here to enter text.</p>		

Check the service type(s) you are interested in providing. For each item selected, please be prepared to discuss the specific range of services and capacity you can offer during the follow-up meeting or teleconference with StarCare.

- Full Levels of Care for non-Medicaid funded Adults
- Full Levels of Care for non-Medicaid funded Children/Adolescents
- Non-Medicaid funded Crisis and/or Residential services

Read the following paragraph. If you agree, then check the box and submit the form by email to StarCare@starcarelubbock.org.

I have considered all information available about local planning, developing a mental health service delivery network and the Texas Resilience and Recovery model in use by the State of Texas in its public mental health service system. By completing this Provider Interest Inquiry form in full, I am stating my interest in engaging in a business relationship with StarCare for the services I have indicated. I understand that StarCare would only contract with my organization to provide services to non-Medicaid funded individuals and that completing this form does not guarantee a contractual relationship with StarCare. I understand a representative from StarCare will contact me to discuss my interest and qualifications in becoming a part of the StarCare mental health service network.