B&C Professionals, LLC
We Credential. We Bill. You Succeed.
Fax: 855-326-5443 or email: billing@bcpros.hush.com

Provider Demographic Information

Provider name: _____ License: _____

Group name/DBA: _____

Date of birth: _____ SSN: _____ Gender: _____

Tax ID: _____ NPI: _____ CAQH: _____

Email address: _____

Primary office address: _____

Mailing / billing address: _____

Office phone number: _____ Fax number: _____

Office hours: _____

Do you have other office locations? _____

Graduate school (include city and state): _____

Degree / specialty: _____ Date of graduation: _____

List all certifications: _____

Insurance plans that you accept: _____

Ethnic background: _____ Religious background: _____

Do you offer therapy in other languages? _____

Therapeutic modalities: _____

Do you provide telemedicine / telehealth therapy? _____

Do you provide family therapy? _____ Do you provide couples therapy? _____

Populations that you serve (if you see minors, please list the youngest age you see): _____

Clinical specialties: _____

Are you interested in offering additional services? _____

Critical incident stress debriefing or trauma response services: _____

Training services: _____