

PCA Agency Provider Information Form

PROVIDER NAME	
PROVIDER ADDRESS	
BCBSM PROVIDER ID #	
PHONE NUMBER	
FAX NUMBER	
CONTACT NAME	
E-MAIL ADDRESS	
OWNER'S NAME	
OWNER'S PHONE	
STATE/FEDERAL TAX ID NUMBER	
UMPI # OR NPI#	
AGENCY HAS SUBMITTED A FORM FOR EACH INDIVIDUAL PCA THAT IS SERVING BLUE PLUS CLIENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO * IF NO, YOU MUST FILL OUT ONE <u>INDIVIDUAL PRACTITIONER ADDITION/TERMINATION FORM</u> FOR EACH PCA AT THE AGENCY – FAX TO BLUE PLUS
SERVICE AREA BY COUNTY: (PLEASE LIST ALL THE COUNTIES YOU SERVE, ONLY COUNTIES)	
# OF AVAILABLE INDIVIDUAL PCA'S AT THE AGENCY	
IS YOUR PCA AGENCY A TRADITIONAL PCA OR PCA CHOICE?	
DOES YOUR PCA SERVICE ELDER WAIVER (EW) MEMBERS?	

LANGUAGES SPOKEN (IF OTHER THAN ENGLISH)	<input type="checkbox"/> SPANISH <input type="checkbox"/> HMONG <input type="checkbox"/> OROMO <input type="checkbox"/> SOMALI <input type="checkbox"/> LAO <input type="checkbox"/> RUSSIAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> KHMER <input type="checkbox"/> ARABIC <input type="checkbox"/> SERBO-CROATIAN <input type="checkbox"/> OTHER _____
QUALIFIED PROFESSIONAL SUPERVISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
CLIENTS THE AGENCY IS ABLE TO SERVE	<input type="checkbox"/> MATERNAL <input type="checkbox"/> CHILDREN <input type="checkbox"/> SENIORS (AGE 65 AND OVER) <input type="checkbox"/> BEHAVIORAL HEALTH - (CHILDREN) <input type="checkbox"/> BEHAVIORAL HEALTH - (ADULTS) <input type="checkbox"/> DEVELOPMENTALLY DISABLED CHILDREN <input type="checkbox"/> DEVELOPMENTALLY DISABLED ADULTS <input type="checkbox"/> PHYSICALLY DISABLED CHILDREN <input type="checkbox"/> PHYSICALLY DISABLED ADULTS <input type="checkbox"/> OTHER – PLEASE SPECIFY _____
HOURS OF BUSINESS	
WEEKENDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOLIDAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO