

GEORGIA COLLABORATIVE ASO

REQUEST TO ADD COUNTIES TO EXISTING SERVICE SITE FORM

Please submit the following information with request:

1. Updated Organizational Chart for this site (Behavioral Health Providers Only)
2. Copy of Professional Certificate/License of all credentialed staff listed on Organizational Chart

Return this form with any necessary attachments via e-mail to GA_enrollment@beaconhealthoptions.com
or mail to

**GA Collaborative Enrollment
240 Corporate Blvd., Suite 100
Norfolk, VA 23502**

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REQUEST TO ADD COUNTIES TO EXISTING SERVICE SITE FORM

Medicaid Provider Number:			GA Collaborative ID#		
Agency Name:			Taxpayer ID#:		
Currently Approved Address:					
Site Name:					
Street Address:					
City		State:	Zip Code:		County:
DBHDD Region:		Phone:		Fax:	
Quality Review Scores: Last Two Quality Review Dates and Scores					
Quality Review Score:				Date of Quality Review :	
Quality Review Score:				Date of Quality Review :	
Service:					
Population: <input type="checkbox"/> BH Adults <input type="checkbox"/> BH C&A <input type="checkbox"/> DD					

Additional Counties Requested To Be Served From This Site:

If DD and service requires a Private Home Care (PHC) permit, include letter from HFR with the approval of the additional counties.

Request Submitted By:

Name:	
Title:	
Signature:	
Date:	

Submit Questions To: GA_Enrollment@beaconhealthoptions.com