



PROFESSIONAL STAFF UPDATE NOTIFICATION

DBA BUSINESS NAME
CORPORATE NAME IF DIFFERENT (as reported to the IRS)
FEDERAL TAX I.D./EIN/FEIN/SSN NPI (Organizational)

Name
Degree Title License Number State
Effective Date of Joining/Termination (circle one) Individual NPI
Clinic Practice Location Appt. Phone#
Address City Zip
Clinic Billing Location Billing Phone#
Address City Zip

Only complete the portion below if providing ASD services

WI Autism Spectrum Disorder (ASD) Verification:

Is the Outpatient Mental Health Clinic approved by DHS with a signed Medicaid provider agreement to provide autism spectrum disorder services through the Medicaid Home and Community-Based Services as granted by the Centers for Medicare & Medicaid Services (Waiver Program)?

YES NO

If Yes, please provide a copy documenting this relationship and latest certification dated:

If No, is the above provider a Psychiatrist, or Psychologist, or Social Worker, or Board Certified Behavior Analyst or Other: Non-Intensive Autism Provider? [circle one and then proceed below to the appropriate listed section]

Section I: Providing Intensive or Intensive & Non-Intensive Level Services:

Psychiatrist /Psychologist /Social Worker/Board Certified Behavior Analyst:

I certify that I have had at least 2080 hours of practicing psychotherapy including at least 1500 hours supervised training involving direct 1:1 work with individuals with ASD, and including all the requirements as stated in 3.36 WI Adm. Code.

Signature of Qualified Provider

Date

Section II: Providing Non-Intensive Level Services Only:

Non-Intensive Autism Provider:

I certify that I have a state license as defined in 3.36 WI Adm. Code and practice within the scope of a current valid license and that I am only providing Non-Intensive ASD services and working under the supervision of an outpatient mental health clinic certified under s.51.038 Statutes.

Signature of Qualified Provider

Date

Return Completed Form To:

Provider Development, Wisconsin Physicians Service Insurance Corporation
P.O. Box 8190
Madison, WI 53708-8190
Local: (608) 221-4711 Non-WI: 1-866-357-3020 Fax: (608) 224-2079

Disclaimer: Please note that this is not a contract. This information is used solely to better allow WPS to process claims. To become a preferred provider please call Plan Development at (608) 226-4702.

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