Alliance
BEHAVIORAL HEALTHCARE

All Offices:
(919) 651-8401

Online:
AllianceBHC.org

Date of Request:

Agency Name requesting to add clinician:

Agency Practice Address:

Clinician's Name *(***as it appears on professional license***)***:**

Clinician's Email:

Is Clinician currently credentialed with Alliance? **Yes** **No**

Applicable License Type *(list all)*:

License Number(s):

Registered with CAQH? :

Yes *(Provide Number):*

No *(Provide Date of Birth to receive registration invitation):*

Name of Person Submitting Request:

Contact Email *(where application will be sent)*:

Please complete request and email to: ProviderNetwork@alliancebhc.org