



Partnering Provider Form

Name:	Personal NPI:
Agency Name:	Agency NPI:
Tax Identification #:	
Address:	Phone #:
Email:	CAQH #:
Medicaid ID (if applicable):	
Medicare ID (if applicable):	
License type (LMSW, LAPC, LCSW, LPC, MFT, etc.):	
License #:	License Expiration Date:
States Licensed in:	
Certifications:	
Specialties:	
Insurances Accepted:	
Professional Liability Insurance Company:	
Professional Liability Insurance Amounts:	
General Business Liability Insurance Company:	
General Business Liability Insurance Amounts:	
Do you have clients that currently need assistance? Please provide details:	

You will need to send any official documentation to support@hopespur.org to be eligible for partnership. We are excited to work with our community providers.

Including official IRS letter, CAQH, License, Insurance documentation, W-9, your policy, and procedures for on-boarding of clients and supplied contract we will send you upon acceptance of partnership.