Request for LIP/LIP Group Contract Application

Complete **entire page** and submit the form to: networklipapplications@cardinalinnovations.org

Note: Your request will either be approved or denied. Approved applicants will receive a full contract application. The provider will be required to submit a full application after approval and meet all contract requirements. Release of a full application is not a guarantee of a Cardinal Innovations Healthcare Contract.

Please list service need(s) from current needs list that you are qualified to render. (**Link** to the Service Needs List)
DO NOT LIST SERVICE CODES

If you are applying for **Specialized Consultation Services**, list the specific specialty and **include resume**.

If you are applying for Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) or Sexual Harm, complete the additional application(s). This can be found in the Cardinal Innovations Resource Library online by searching TF-CBT or Sexual Harm. **Submit the application with this request.**

Practice Name (as it will be written on your contract)

Practice Address Street City State ZIP + 4

County (where practice is located)

Tax ID for Practice (9 numbers)

NPI Number for Practice (10 numbers)

Practice Taxonomy

☐ Yes ☐ No Is National Provider Identifier (NPI) you listed above for your practice enrolled in NC Tracks?

☐ Yes ☐ No Is the NPI listed below for the clinician enrolled in NC Tracks?

☐ Yes ☐ No Is NPI listed below for the clinician affiliated to the above practice NPI in NCTracks?

Clinician Name

Clinician License Type(s)

Clinician NPI Number (10 numbers)

Clinician Email Address

Main Contact Name and Email Address (If different from Clinician)

Signature of Authorized Representative

Date

PRINT Name of Authorized Representative