



Instructions for completing and/or updating Attachments I & II:

Attachment I- Sites

1. List all program sites of service.
2. List NPI Number for each site.
3. List complete addresses for each site.
4. Check the box corresponding to each site's hours of operation.
5. List the telephone number for each site.

Attachment II- Participating Providers

1. List Provider's first name
2. List Provider's last name
3. List Provider's NPI Number
4. List Provider's state of licensure
5. List Provider credentials (e.g. MD, DDS, LCSW, etc...)
6. List Provider's specialty (e.g. Optometrist, Orthodontics, Family Medicine, etc...)
7. List Provider's effective dates of employment (e.g. 11/05/2013 - Present)

CRIHB Options Program eligible providers:

Physicians (MD, DO)
Midlevel Providers (FNP, NP, PA)
Licensed Counselors (LCSW)
Dentists (DDS, DMD)
Dental Hygienists (RDH)
Podiatrists (DPM)
Chiropractors (DC)
Acupuncturist (AC, OMD)
Speech Therapists (SP)

Completed and/or updated forms should be returned with your signed Amendment and/or emailed to crihbcare@crihb.org or faxed Attn: CRIHB Options Program; 916-929-7246.

****Please update these lists as your staffing situations change to ensure that claims will not be denied based on incorrect or outdated information. ****