



GEISINGER HEALTH PLAN

Help patients find the services they need

Geisinger

Details about the services you provide help connect patients to the right care, right away.

Complete this questionnaire to help Geisinger Health Plan members and referring providers more easily access services and programs. The more detail we can present to members, the better we can connect them with behavioral health services that best meet their needs.

Complete a questionnaire for each practitioner at your practice or for each facility location — unless all practitioners or facility locations provide the same services. In that case, one completed form for your whole group will do.

We ask that you answer as accurately as possible — especially when considering specialization, conditions you're willing to treat and services you provide. Indicating which practitioners or locations offer specialized treatment options will make it easier for members to find the right care, right away.

Thank you for taking a few moments to let Geisinger Health Plan members know about the services you provide!



Behavioral health professional services questionnaire

Please complete this questionnaire to help our Geisinger Health Plan members and referring providers find and connect to services and programs. **Complete a questionnaire for each practitioner.** If all practitioners provide the same services, one completed form from your whole group will do.

Fax your completed questionnaire to **570-271-5297** or email to ghpaccountmngt@geisinger.edu.

| | | |
|----------------|--|---------------|
| Provider name: | Credentials: (Degree/license/ designation) | Provider NPI: |
| Address: | County: | |
| Group Name: | Listing Phone Number: | |

Do you accept the following age groups in your practice?

Check all that apply

Children (≤ 12 years old)

Adult (ages 18-64)

Adolescents (13-17 years old)

Geriatrics (ages ≥ 65)

Can you communicate with patients in any of the following languages?

Check all that apply

American sign language

Mandarin

French

Spanish

German

Other:

Do you specialize in any of the following?

Check all that apply

Eating Disorders

Obsessive Compulsive Disorder

Autism Spectrum Disorders

Addiction/Substance Use Disorders

Chronic Pain Management

PTSD and Trauma

Dual Diagnosis (Intellectual Disability + MH)

LGBTQ+ Issues

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Do you offer the following services, therapies or treatments?

Check all that apply

| | |
|---|---|
| Acceptance and Commitment Therapy | Grief, Loss, Separation Counseling |
| ADHD/ADD Testing and Treatment | Group Psychotherapy |
| Addiction, Recovery, and Relapse Prevention Counseling | Individual Psychotherapy |
| Ambulatory Alcohol Detoxification | In-Home Treatment/Visits for Geriatric Patients |
| Ambulatory Substance Use Detoxification (including opiates) | Interpersonal Psychotherapy (ITP) |
| Anger Management | Medication Assisted Treatment for AUD |
| Applied Behavioral Analysis (ABA) and Related Behavioral Services | Medication Assisted Treatment for SUD |
| Bariatric Assessment | Methadone Maintenance for OUD |
| Behavioral Modification | Medication Assisted Treatment for Pregnant Women |
| Cognitive Behavioral Therapy (CBT) | Neuropsychological Testing |
| Couples/Marital Therapy | Faith Based Counseling |
| Court-Ordered Evaluation | Psychiatric Medication Management |
| Crisis Intervention Services | Psychodynamic Psychotherapy |
| Forensic/Disability Assessment | Psychological Testing |
| Dialectical Behavioral Therapy (DBT) | Sexual Offender Treatment |
| Early Intensive Behavioral Intervention (EIBI) | Telemedicine/Telehealth Services |
| Electroconvulsive Therapy (ECT) | Transcranial Magnetic Stimulation (TMS) |
| Esketamine Treatment | Trauma Informed Psychotherapy (e.g., CPT, PE) |
| Eye Movement Desensitization and Reprocessing (EMDR) | Veteran's Services (Post Deployment/ Reintegration/PTSD) |
| Family Therapy | IBHS – Intensive Behavioral Health Services |
| Gender Reassignment Assessment | PIBHS – Child & Adolescent Intensive Behavioral Health Services |

If referred, would you treat any of the following?

Check all that apply

- | | |
|---|--|
| Abuse, Assault, and Trauma (PTSD) | Domestic Violence History and/or PTSD |
| ADD/ADHD | Dual Diagnosis (Intellectual and Developmental Disabilities and Mental Health) |
| Addiction/Substance Use Disorders | Eating Disorders |
| Adoption Issues | Gender Transition/Identity Issues |
| Affective (Mood) Disorders | Hearing Impairment |
| AIDS/HIV Issues | LGBTQ+ Issues |
| Anorexia Nervosa and/or ARFIDS | Men's Issues |
| Anxiety Disorders | Obsessive-Compulsive Disorder |
| Antepartum, Pregnancy Related, and Post-Partum Issues | Pain Management/Pain Psychiatry |
| Autism Spectrum Disorders | Pain Management/Pain Psychology |
| Bipolar Disorder | Personality Disorders |
| Cancer Related Issues | Psychotic Disorders including schizophrenia |
| Compulsive Gambling | Reactive Attachment Disorder (RAD) |
| Co-Occurring Disorders | Recent Trauma (Acute Stress) |
| COVID Related Issues | Sexual Dysfunction |
| Chronic Pain Management | Sexual Offender History |
| Cultural/Ethnic Issues | Somatoform Disorders |
| Depression | Women's Issues |
| Developmental Disorders | Tourette's Syndrome |
| Disruptive Mood Dysregulation Disorder and/or Oppositional Defiant Disorder | Other: |
| Divorce/Blended Family Issues | |

Does your group offer PHP or IOP for any of the following?

Check all relevant boxes if yes

| | Eating disorders (ED) | | General mental health disorders and concerns (MH) | | Substance use disorders (SUD) | |
|---------------------------|-----------------------|-----|---|-----|-------------------------------|-----|
| | PHP | IOP | PHP | IOP | PHP | IOP |
| Children (12 or younger) | | | | | | |
| Adolescents (13 - 17) | | | | | | |
| Adults (18 - 64) | | | | | | |
| Geriatrics (65 and older) | | | | | | |

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I affirm the items identified above are an accurate reflection of and within the practice's scope of practice.

Sign and date below

Completed by (signature):

Date:

Email:

Relationship to practice:

Fax number: