

## Enrollment Instructions

Please complete the attached packet and return. The first page may be completed and signed by anyone in the practice. The information is used to register your practice in our documentation system, or ease of communication when providers call us. Please also complete the provider chart, listing information for each clinician in your practice.

Prior to enrollment, your providers may still call and use our services

## Returning TiPS Enrollment Packets

By Fax: 724 933 3912 (preferred)

By Mail: WPA TiPS – Pine Center

11279 Perry Highway, Suite 204

Wexford PA 15090

Children's TiPS Enrollment

<b>Practice Information</b>	
Practice Name	
Contact Person/Office Manager	
Office Manager E-Mail	
Practice Address (number, street, city, zip)	
Practice Phone (back office preferred)	
Practice Fax	
<b>Additional Sites</b>	
Site 1 - Address and Phone	
Site 2 - Address and Phone	
Site 3 - Address and Phone	

We agree to participate in the Children's Telephonic Psychiatric Consultation Service (TiPS). We agree to participate in training at the beginning of the program and continuing education as needed during the program. We agree to complete periodic satisfaction surveys. We agree to continue to manage behavioral health care of appropriate cases for the primary care setting following case based education with the team. We understand that the TiPS psychiatrist will not be prescribing medications.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

<b>#</b>	<b>Provider Name and Credentials</b>	<b>Resident?</b>	<b>Full Time or Part Time</b>
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