

# Application Checklist

## Behavioral Health Clinic

Please use this checklist as a guide when completing the requirements to become a participating provider with Tufts Health Plan.

For questions, please contact the Tufts Health Plan Allied Health Contracting Department at 888-880-8699, extension 58001.

Please email documents to:  
[AHCBehavioralHealth@tufts-health.com](mailto:AHCBehavioralHealth@tufts-health.com)

Or fax to:  
617.673.0909

To facilitate review of your application, please return all materials together.

### Provider Eligibility Criteria

Organizations licensed by the state as Behavioral Health Clinics are eligible to apply for consideration as contracting providers in the Tufts Health Plan outpatient behavioral health network.

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- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#)
- Copy of the State site visit within last three years.

#### Insurance

- The clinic must maintain professional liability insurance coverage in the amount of \$1 million per incident, and \$3 million in the aggregate per year covering all clinicians included in the agreement.

#### Articles of Incorporation

- A copy of the Clinic's Articles of Incorporation or similar documents submitted to the state or local authorities in order to register the group with appropriate governmental units.

### For More Information

Corporate Office  
888-880-8699

Allied Health Provider Inquiries  
888-880-8699, ext. 58001

[tuftshealthplan.com/providers](https://tuftshealthplan.com/providers)