



The C.A.P.E.S. Program for Primary Care Physicians

Information Form for Outpatient Mental Health Providers

If you have more than one office location that you would like us to share with PCP's, please add an additional sheet to this form with the office addresses and phone numbers.

Please fax this form to 518-583-2265; or mail to:

Brenda Quinn, LMSW, 30 Crescent Ave., Saratoga Springs, NY 12866

Name _____ Credential _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____ Web Address _____

Age of Patients Served: ___ Preschool (0-5 years) ___ Children (6-12 years)
 (Please check all that apply.) ___ Adolescents (13-17 years) ___ Adults (18+)

Treatment Modalities Used: ___ Individual Therapy ___ Group Therapy ___ Family Therapy
 (Please check all that apply.) ___ Couples Therapy ___ Play Therapy

Specialty Services: (Please check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse (Physical/Sexual) | <input type="checkbox"/> Depression | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Aggression/Anger Management | <input type="checkbox"/> Dialectical Behavioral Therapy | <input type="checkbox"/> Pervasive Development Disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Disruptive Behavior Disorder | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Attachment Disorder | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Gay/Lesbian Issues | <input type="checkbox"/> Psych Testing |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> Psychotic Disorders |
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> School-Based Services |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Neuropsychological Testing | <input type="checkbox"/> Somatoform Disorders |
| <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> TIC Disorder |

Other: _____

Insurances Accepted: (Please check all that apply.) ___ I Do Not Accept Insurances ___ Sliding Fee Scale is Available

- | | | |
|---|--|--|
| <input type="checkbox"/> 1199 Union | <input type="checkbox"/> Excellus Blue Cross Blue Shield | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Excellus – Other* | <input type="checkbox"/> Montifiore |
| <input type="checkbox"/> Ameri Group Health Plus | <input type="checkbox"/> Fidelis | <input type="checkbox"/> MVP (Value Options) |
| <input type="checkbox"/> Beacon Health Strategies | <input type="checkbox"/> GHI (Value Options) | <input type="checkbox"/> OptumHealth (UBH) |
| <input type="checkbox"/> Blue Cross Blue Shield/Anthem | <input type="checkbox"/> Health First | <input type="checkbox"/> Oxford |
| <input type="checkbox"/> Blue Shield NENY/Health Integrated | <input type="checkbox"/> HealthNet (Includes TriCare) | <input type="checkbox"/> PomCo |
| <input type="checkbox"/> CDPHP Commercial | <input type="checkbox"/> Magellan | <input type="checkbox"/> Value Options (NYS Employees) |
| <input type="checkbox"/> CDPHP – Other* | <input type="checkbox"/> Medicaid (NOT Managed) | <input type="checkbox"/> Wellcare |
| <input type="checkbox"/> Cigna | | |

*Managed Medicaid, Medicare, Child Health Plus and Family Health Plus