Health and Social Services Department
Behavioral Health Division
Managed Care Unit - Provider Relations
275 Beck Avenue • MS 5-235 • Fairfield, CA 94533
Phone (800) 547-0495 • Fax (707) 425-4320

Network Provider Brief Application

Purpose:
In order to meet the needs of Solano County's diverse population, Solano County Behavioral Health (SCBH) is seeking licensed mental health providers/ practitioners to provide office-based services.

Instructions:
1. Read the SCBH Network Provider Overview Letter and SCBH Network Provider FAQs
2. Fill out this form
3. E-mail to: providerrelations@solanocounty.com Subject "Network Provider Brief Application" or fax to 707-425-4320

Provider Information

Name: Licensure Type/Discipline:

Ethnicity (you may select up to two):

Primary Office Address: City: State: Zip Code:

Phone Number: Secure Fax: E-mail:

Secondary Office Address: City: State: Zip Code:

Phone Number: Secure Fax: E-mail:

Mailing Address (If different): City: State: Zip Code:

Experience

- ☐ I have been licensed for at least two years.
- ☐ I have a breadth of clinical experience, including working with consumers with Medi-Cal.
- ☐ I have worked in a SCBH County-operated clinic.
- ☐ I have worked for a SCBH contracted organization.

Services to Provide

1. I have an office and provide services in one or more of the following areas. *(Note: Your office address must match the checked area.)*

☐ Benicia ☐ Dixon ☐ Fairfield ☐ Rio Vista ☐ Suisun City ☐ Vacaville ☐ Vallejo ☐ Other

2. I can provide services in one or more of the following languages:

3. I am willing to work with clients with a limited benefit (18 - 24) sessions per year). ◯ Yes ◯ No

4. How many SCBH-referred individuals can you see per week? *(Note: SCBH prefers that you provide services to 5 clients at a time.)*

Signature: Date: Submit Via Email Print Form

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