

*Please complete and submit this form to add an agency to the RMHS provider network;  
Email to: [DBH@rmhumanservices.org](mailto:DBH@rmhumanservices.org)*

1. Agency/Business Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
4. Name of Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_
5. List all services provided: \_\_\_\_\_
6. **RMHS requires all agencies and independent contractors submit billing for services following the funding hierarchy including commercial insurance, with the exception of billing Denver Health Medicaid.**
  - a. Is the agency participating and able to bill CO Medicaid?  YES, ID# \_\_\_\_\_
  - b. Is the agency able to bill Commercial insurance plans?  YES
  - c. Is the agency contracted with Denver Health?  YES  NO
7. Agencies are required to have an EI Portal Account. Have you set up your EI portal account?  YES
8. Agencies can add additional employed practitioners under their group; Does your agency intend to add additional practitioners to the contract with RMHS?  YES  NO
  - a. RMHS must be notified prior to the addition of any employed practitioners.
9. Contracting with RMHS requires you have the following insurance types and minimum policy limit amounts. Please attach a copy of the Certificate of Insurance for your business type, on the **ACORD** form:
  - **For Independent Contractors/Sole Proprietors Only (business with no employees):** You are required to carry the following insurance types, at the minimum limits listed:
    - a. Professional Liability (\$1M occurrence/\$1M aggregate)
    - b. Protected Info/Privacy Liability (no less than \$50,000 aggregate)
  - **For Subcontractor Agencies (business with any employees):** You are required to carry the following insurance types, at the minimum limits listed:
    - a. Professional Liability (\$1M occurrence/\$1M aggregate)
    - b. Protected Info/Privacy Liability (\$1M occurrence/\$2M aggregate, no less than \$50,000 aggregate)
    - c. Commercial General Liability (\$1M occurrence/\$1M aggregate)
    - d. Auto Liability (\$1M combined single limit)
    - e. Cyber/ Network Security Liability (\$1M occurrence/\$2M aggregate, no less than \$50,000 aggregate)
    - f. Worker's Compensation (\$100,000/\$500,000 aggregate)

**- Workers Compensation Coverage**

- Workers Compensation insurance is required in accordance with state guidelines, for all agencies with employees or workers that do not meet the qualifications to work as an independent contractor.
- RMHS requires that agencies contracting with independent contracts complete our workers comp carrier attestation form. This attestation form must be notarized prior to executing a contract.

\*If an independent contract chooses to add employees or workers after signing the attestation, they must notify RMHS **immediately**.

10. Please provide the most appropriate contact email:

a. Billing Questions Email: \_\_\_\_\_

b. Referrals Email: \_\_\_\_\_

c. Newsletters and EI/RMHS Updates: \_\_\_\_\_

d. Contract Signor: \_\_\_\_\_

11. Person Completing Form: \_\_\_\_\_

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