



EI Agency New Contract Add Form

This form and all content will be used solely for RMHS internal business requirements.

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

1. Agency Name: _____
2. Address: _____
3. Phone Number: _____ Email: _____
4. Name of Primary Contact: _____ Title: _____
5. List all services provided: _____
6. **RMHS requires agencies complete billing for Medicaid and commercial insurance plans, with the exception of Denver Health Medicaid, for services.**
 - 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. Does the agency have an EI Portal Account? YES
8. Agencies can add additional employed providers under their group; Does your agency intend to add additional providers to the contract with RMHS? YES NO
 - a. RMHS must be notified prior to the addition of any employed providers.
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. Crime (\$1M occurrence/\$1M aggregate)



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g. 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: _____

11. Person Completing Form: _____

Title: _____ Date: _____