

Provider Enrollment Form

Practitioner Contact

CAQH ID #	14289847
Practitioner NPI #	1154625614
Provider Type	Group
Be Part Of A Group	
Contract With Carelon	
Be Part Of A Group Type	
Group NPI	
Group Tax ID	
Carelon Group ID	
How does the practitioner want to be contracted? Be contracted under the group above and	
Carelon Practitioner ID	
Practitioner's Last Name	Morrison
Practitioner's First Name	Markise
Practitioner's Middle Name	D
Practitioner's Other Name (maiden, etc.)	
Gender	Male
Social Security	611323695
Tax ID (EIN)	832884378
Date of Birth	06 /30/1986
Correspondence Address Line 1	2963 Pawnee Ct
Address Line 2 (Unit #, Ste #, etc.)	
City	Redding
State	CA
County	Shasta
Zip Code	96001-3482
Email Address	markise.morrison@aol.com
Confirm Email Address	markise.morrison@aol.com
Web Address	
Phone Numbers (Include area code)	
Telephone #	530-440-3122
Fax #	
Requesting Individual (if submitting on behalf of the provider)	
Name	
Title	
Telephone #	
Email	
Race	
Ethnicity	Black or African American

Expertise

Highest Degree Of Licensure	Licensed Marriage and Family Therapist		
Are you a APNs and/or PAs?			
For APNs and PAs only: I affirm I have a Collaborative Agreement with a supervising physician	None		
Population Treated		% of Practice	Are you accepting new patients?
	Child (0-5)		True
	Child (6-12)	10	True
	Adolescent (13-17)	10	True
	Adult (18-64)	70	True
	Geriatric (65+)	10	True
	Total Percent of Practice	100	
Practice Limitations	None		
Modalities Treated		% of Practice	
	Inpatient		
	Day Treatment		
	Outpatient	100	
	Intensive Outpatient (facility based)		
	Total % of Practice	100	

Are you interested in becoming a Military OneSource Provider?	No
Are you interested in becoming an EAP Provider?	No
Languages	English
Other Language	
Clinical Specialties	COGNITIVE BEHAVIORAL THERAPY, ANXIETY DISORDERS, ANGER MANAGEMENT, BEHAVIOR MODIFICATION, STRESS MANAGEMENT, MENTAL HEALTH ISSUES, FAMILY VIOLENCE
Therapeutic Modalities	BRIEF THERAPY, BEHAVIOR MODIFICATION THERAPY, COGNITIVE BEHAVIORAL THERAPY, SOLUTION FOCUSED THERAPY, VIDEO/ONLINE/TELEPHONIC COUNSELING
Indicated Specialties	
Independent Licensure	True
10-20 hours of documented training (continued education, etc) in past 1-2 years (and/or internship or post- doctoral fellowship in specialty)	True
200 hours of direct clinical contact in past 5 years	True
Access to (check one or all of the following)	True
Supervision with a professional in the field	True
Supervision with a peer supervision group	True
Access to a prescribing provider (network or out-of-network)	
What percentage of your practice involves eating disorders?	5
Are you a member of a state or national Eating Disorders provider network?	No
If so, please indicate which organization(s)	
Are you prepared to do the necessary collateral work required for this population? (Work with this population requires coordination and collaboration with client's medical provider, dietician, family therapist, etc.)	Yes
Do you have 2 years of EAP experience or 6 CEU's of SUD training?	No

Locations			
Site Name	Wright Education Services		
Corporate or d/b/a Name (if different than Site Name)			
Solo NPI	1154625614		
Site Tax ID	832884378		
Practice Address			
Address	2660 Victor Ave		
Address 2			
City	Redding		
County	Shasta		
State	CA		
Zip Code	96002-1432		
Billing Address			
Billing address same as practice address	True		
Address	2660 Victor Ave		
Address 2			
City	Redding		
County	Shasta		
State	CA		
Zip Code	96002-1432		
Office Hours		Open	Close
	Monday	08:00 am	06:00 pm
	Tuesday	08:00 am	06:00 pm
	Wednesday	08:00 am	06:00 pm
	Thursday	08:00 am	06:00 pm
	Friday	08:00 am	06:00 pm
	Saturday	08:00 am	06:00 pm
	Sunday		
Individual Medicaid #	N/A		
Group Medicaid #	N/A		
Individual Medicare #	N/A		
Group Medicare #	N/A		
I affirm that Location is Accessible by Public Transportation	Yes		
I affirm that Location is Handicap Accessible	Yes		
I affirm that Location is ADA Compliant	Yes		
How can you be reached after hours?	Self		
Name	Markise Morrison		
Phone #	530-440-3122		

Attachments	
Attachment Name	W-9.pdf
Attachment Size	661954 bytes

Document Type	W-9
Attachment Name	Insurance.pdf
Attachment Size	863124 bytes
Document Type	Malpractice Insurance
Expiration Date	
Attachment Name	License.pdf
Attachment Size	233501 bytes
Document Type	License
Expiration Date	
Attachment Name	Resume.pdf
Attachment Size	278578 bytes
Document Type	Resume/CV

Attestations	
I agree to the terms and conditions of the Specialty Attestation.	True
I, as a duly authorized representative of the practitioner or organization seeking network participation, have read and understand the Carelon Cultural Competency Training.	True
I agree to the terms and conditions of the Participant Attestation.	True
I agree to the terms and conditions of the Telehealth Attestation.	True

Final Attestation	
I agree to all the attestations checked on the above and all terms and conditions of the Carelon Health Provider Program.	True
Full Name	Markise Donte Morrison
Date	7/14/2021 7:00:00 AM