

Provider Enrollment Form

Practitioner Contact

CAQH ID #	13790738
Practitioner NPI #	1518190222
Provider Type	3) I am a new or existing Beacon practitioner requesting to join Beacon Health Options group practice
Be Part Of A Group	
Contract With Carelon	
Be Part Of A Group Type	
Group NPI	1669448882
Group Tax ID	061446900
Carelon Group ID	
How does the practitioner want to be contracted? Be contracted under the group above and	Confirm the practitioner has no Beacon individual contract
Carelon Practitioner ID	
Practitioner's Last Name	Maynes
Practitioner's First Name	Kelly
Practitioner's Middle Name	
Practitioner's Other Name (maiden, etc.)	
Gender	Female
Social Security	070725283
Tax ID (EIN)	061446900
Date of Birth	10 /10/1985
Correspondence Address Line 1	10 Columbus Blvd
Address Line 2 (Unit #, Ste #, etc.)	Fl 4
City	Hartford
State	CT
County	Hartford
Zip Code	06106-1976
Email Address	bmartin@connecticutchildrens.org
Confirm Email Address	bmartin@connecticutchildrens.org
Web Address	
Phone Numbers (Include area code)	
Telephone #	860-837-5560
Fax #	860-837-6387
Requesting Individual (if submitting on behalf of the provider)	
Name	Barbara Martin
Title	Credentialing Specialist
Telephone #	860-837-5619
Email	bmartin@connecticutchildrens.org
Race	
Ethnicity	

Expertise

Highest Degree Of Licensure	Master's Level Psychologist																					
Are you a APNs and/or PAs?	No																					
For APNs and PAs only: I affirm I have a Collaborative Agreement with a supervising physician	False																					
Population Treated	<table> <tr> <th></th> <th>% of Practice</th> <th>Are you accepting new patients?</th> </tr> <tr> <td>Child (0-5)</td> <td>25</td> <td>True</td> </tr> <tr> <td>Child (6-12)</td> <td>50</td> <td>True</td> </tr> <tr> <td>Adolescent (13-17)</td> <td>25</td> <td>True</td> </tr> <tr> <td>Adult (18-64)</td> <td></td> <td></td> </tr> <tr> <td>Geriatric (65+)</td> <td></td> <td></td> </tr> <tr> <td>Total Percent of Practice</td> <td>100</td> <td></td> </tr> </table>		% of Practice	Are you accepting new patients?	Child (0-5)	25	True	Child (6-12)	50	True	Adolescent (13-17)	25	True	Adult (18-64)			Geriatric (65+)			Total Percent of Practice	100	
	% of Practice	Are you accepting new patients?																				
Child (0-5)	25	True																				
Child (6-12)	50	True																				
Adolescent (13-17)	25	True																				
Adult (18-64)																						
Geriatric (65+)																						
Total Percent of Practice	100																					
Practice Limitations	None																					
Modalities Treated	<table> <tr> <th></th> <th>% of Practice</th> </tr> <tr> <td>Inpatient</td> <td>25</td> </tr> <tr> <td>Day Treatment</td> <td>25</td> </tr> <tr> <td>Outpatient</td> <td>25</td> </tr> <tr> <td>Intensive Outpatient (facility based)</td> <td>25</td> </tr> <tr> <td>Total % of Practice</td> <td>100</td> </tr> </table>		% of Practice	Inpatient	25	Day Treatment	25	Outpatient	25	Intensive Outpatient (facility based)	25	Total % of Practice	100									
	% of Practice																					
Inpatient	25																					
Day Treatment	25																					
Outpatient	25																					
Intensive Outpatient (facility based)	25																					
Total % of Practice	100																					
Are you interested in becoming a Military OneSource Provider?																						
Are you interested in becoming an EAP Provider?																						
Languages	English																					

Other Language	
Clinical Specialties	ADJUSTMENT DISORDERS, ADOLESCENT BEHAVIOR DISORDERS, ANGER MANAGEMENT, ANXIETY DISORDERS, ATTENTION DEFICIT HYPERACTIVITY DISORDER, CHRONIC/TERMINAL ILLNESS, FAMILY THERAPY, GRIEF/BEREAVEMENT, OBSESSIVE COMPULSIVE DISORDERS, DEPRESSIVE DISORDERS
Therapeutic Modalities	CHILD THERAPY, FAMILY THERAPY
Indicated Specialties	
Independent Licensure	
10-20 hours of documented training (continued education, etc) in past 1-2 years (and/or internship or post- doctoral fellowship in specialty)	
200 hours of direct clinical contact in past 5 years	
Access to (check one or all of the following)	
Supervision with a professional in the field	
Supervision with a peer supervision group	
Access to a prescribing provider (network or out-of-network)	
What percentage of your practice involves eating disorders?	
Are you a member of a state or national Eating Disorders provider network?	
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.)	
Do you have 2 years of EAP experience or 6 CEU's of SUD training?	

Locations			
Site Name	Connecticut Children's Specialty Group		
Corporate or d/b/a Name (if different than Site Name)			
Solo NPI	1518190222		
Site Tax ID	061446900		
Practice Address			
Address	282 Washington St		
Address 2			
City	Hartford		
County	Hartford		
State	CT		
Zip Code	06106-3322		
Billing Address			
Billing address same as practice address			
Address	416995 PO Box		
Address 2			
City	Boston		
County	Suffolk		
State	MA		
Zip Code	02241-6995		
Office Hours		Open	Close
	Monday	08:30 am	05:00 pm
	Tuesday	08:30 am	05:00 pm
	Wednesday	08:30 am	05:00 pm
	Thursday	08:30 am	05:00 pm
	Friday	08:30 am	05:00 pm
	Saturday		
	Sunday		
Individual Medicaid #	1518190222		
Group Medicaid #	1669448882		
Individual Medicare #	D400582371		
Group Medicare #	C01958		
I affirm that Location is Accessible by Public Transportation	True		
I affirm that Location is Handicap Accessible	True		
I affirm that Location is ADA Compliant	True		
How can you be reached after hours?			
Name			
Phone #			
Site Name	Connecticut Children's Specialty Group		
Corporate or d/b/a Name (if different than Site Name)			
Solo NPI	1518190222		

Site Tax ID	061446900		
Practice Address			
Address	85 Seymour Street		
Address 2	Suite 918		
City	Hartford		
County	Hartford		
State	CT		
Zip Code	06106-5501		
Billing Address			
Billing address same as practice address			
Address	416995 PO Box		
Address 2			
City	Boston		
County	Suffolk		
State	MA		
Zip Code	02241-6995		
Office Hours		Open	Close
	Monday	08:30 am	05:00 pm
	Tuesday	08:30 am	05:00 pm
	Wednesday	08:30 am	05:00 pm
	Thursday	08:30 am	05:00 pm
	Friday	08:30 am	05:00 pm
	Saturday		
	Sunday		
Individual Medicaid #	1518190222		
Group Medicaid #	1669448882		
Individual Medicare #	D400582371		
Group Medicare #	C01958		
I affirm that Location is Accessible by Public Transportation	True		
I affirm that Location is Handicap Accessible	True		
I affirm that Location is ADA Compliant	True		
How can you be reached after hours?			
Name			
Phone #			

Attachments

Attachment Name	W-9 Boston Address.pdf
Attachment Size	292642 bytes
Document Type	W-9
Attachment Name	Maynes,-Kelly-PsyD_Connecticut-Chi_21-22-Provider_9-20-2021_29160254_1.pdf
Attachment Size	142076 bytes
Document Type	Malpractice Insurance
Expiration Date	
Attachment Name	CT License 10.31.2022.pdf
Attachment Size	98287 bytes
Document Type	License
Expiration Date	

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	Kelly Maynes
Date	10/18/2021