

Please complete this form, as it is required by the Department Health Care Services (DHCS). Online this is a fillable form so you can save it to your computer. Send the completed form to Health Plan of San Joaquin (HPSJ).

- You can email the form to **providerservices@hpsj.com**
- Or fax the form to **209.461.2565**

If you have questions for HPSJ, please email us at **providerservices@hpsj.com** or call us at **209.942.6340**.

Name of provider :

What is your current Profit Status?

Profit Code	DHCS Code Categories
<input type="radio"/> 1	Non-Profit
<input type="radio"/> 2	For Profit, Closely Held
<input type="radio"/> 3	For Profit, Publicly Traded
<input type="radio"/> 4	Other
<input type="radio"/> 88	Not Applicable (only practice as part of a group)

What percentage of time do you spend at each location where you practice?

(If you need additional space please attach the additional information on a separate sheet.)

I spend % of my time at

I spend % of my time at

I spend % of my time at

I spend % of my time at

I spend % of my time at

Do you support and complete IHSS for patients? (In Home Support Services) **Yes** **No**

Does your practice include telehealth? **Yes** **No**

Is the Provider proficient in the English language? **Yes** **No**

Is the Provider a Safety Net provider? **Yes** **No**

Does the Provider see children under age 18? **Yes** **No**

Is the Provider an HIV/AIDS Specialist? **Yes** **No**

Form 274

Practice Organization:

Name of practice :

TIN or SSN:

Ownership Code (optional)	Name of Owner (Doctor)	Percentage of Ownership (optional)	Tax ID
<input type="radio"/> 01 Voluntary – Non-Profit – Religious Organizations		<input type="text"/> %	
<input type="radio"/> 02 Voluntary – Non-Profit – Other		<input type="text"/> %	
<input type="radio"/> 03 Voluntary – multiple owners		<input type="text"/> %	
<input type="radio"/> 04 Proprietary – Individual		<input type="text"/> %	
<input type="radio"/> 05 Proprietary – Corporation		<input type="text"/> %	
<input type="radio"/> 06 Proprietary – Partnership		<input type="text"/> %	
<input type="radio"/> 07 Proprietary – Other		<input type="text"/> %	
<input type="radio"/> 08 Proprietary – multiple owners		<input type="text"/> %	
<input type="radio"/> 09 Government – Federal		<input type="text"/> %	
<input type="radio"/> 10 Government – State		<input type="text"/> %	
<input type="radio"/> 11 Government – City		<input type="text"/> %	
<input type="radio"/> 12 Government – County		<input type="text"/> %	
<input type="radio"/> 13 Government – City-County		<input type="text"/> %	
<input type="radio"/> 14 Government – Hospital District		<input type="text"/> %	
<input type="radio"/> 15 Government – State and City/County		<input type="text"/> %	
<input type="radio"/> 16 Government – other multiple owners		<input type="text"/> %	
<input type="radio"/> 17 Voluntary /Proprietary		<input type="text"/> %	
<input type="radio"/> 18 Proprietary/Government		<input type="text"/> %	
<input type="radio"/> 19 Voluntary/Government		<input type="text"/> %	
<input type="radio"/> 88 N/A – The individual only practices as part of a group, e.g., as an employee		<input type="text"/> %	

Please indicate which type of Behavioral Health Indicator fits your practice:

- Paraprofessional
- Professional
- Provider

What is your area of expertise? Please check all that apply.

- Child/Adolescent
- Adult
- Geriatric
- Substance Abuse

What is your practice focus? Please check all that apply.

- Disorders usually first diagnosed in infancy, childhood or adolescence
- Delirium, dementia and amnesic, and other cognitive disorders
- Mental disorders due to a general medical condition not elsewhere categorized
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Depressive disorders
- Bi-polar disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual and gender identity disorders
- Eating disorders
- Sleep disorders
- Impulse-control disorders not otherwise elsewhere categorized
- Adjustment disorders
- Personality disorders