



North Carolina Providers Council
9660 Falls of Neuse Rd, Suite 138 #124, Raleigh, NC 27615
Phone: 919-784-0230 • Fax: 919-882-0951
www.ncproviderscouncil.org

APPLICATION FOR ASSOCIATE MEMBERSHIP

REFERRED BY: _____

DATE APPLICATION COMPLETED: _____

Provider First, Middle, and Last Name:
Provider Credentials and Title:
Provider NPI and License Number:
Provider enrollment status with NC DHHS: <input type="checkbox"/> Medicaid <input type="checkbox"/> NC Health Choice <input type="checkbox"/> Medicaid and NC Health Choice <input type="checkbox"/> N/A
Provider enrollment status with LME/MCO network(s) <input type="checkbox"/> I contract with one or more LME/MCOs <input type="checkbox"/> I do not contract with any LME/MCOs
Provider enrollment status with PHP Standard Plan network(s) <input type="checkbox"/> I contract with one or more PHPs <input type="checkbox"/> I do not contract with any PHPs

PART I: ATTESTATION

Signature Required Below

I have read and I understand the NC Providers Council's [Code of Ethics](#) and I agree to abide by them. I certify that the information that I have provided is accurate and that any false information will be grounds for rejection of my application for NC Providers Council membership.

Signature: _____

Printed Name: _____

Preferred Phone Contact: Office Cell Cell Phone: _____

Office Phone: _____ Ext. _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Email address: _____ [We will use this email address to send all member

communications including newsletters, legislative updates, and membership dues invoices]

PART II: MEMBERSHIP DUES

Annual Associate Member dues for licensed independent practitioners are \$250. Associate members receive all [membership benefits](#) that Provider Members and Provider Support Members receive. **The two exceptions are: 1) Associate Members do not have voting rights to elect Board Members and vote on Bylaws amendments; and 2) Associate Members may not serve on the Board.** However, Associate Members may join one or more standing [Committees](#) that meet monthly or bi-monthly. These Committees are Chaired by Board members, include State official guest speakers, and inform the Association's policy and legislative priorities throughout the year.

Payment Options:

- (ANNUAL) You must remit via check the full dues amount payable to the NC Providers Council by the renewal date. *NCPC collects annual dues on a rolling basis based on your first month of membership versus on a calendar year.*
- (QUARTERLY) If you prefer to set up quarterly payments, your written request must be received by carson.stanley@ncproviderscouncil.org either with your application or 30 calendar days prior to your renewal date. Once approved, your 1st quarterly payment must be received within 30 days of your renewal date to keep your membership current.

The NC Providers Council is a nonprofit 501(C)(6) trade association. Dues and other contributions paid to this association are not deductible as charitable contributions for federal income tax purposes. However, payments of membership dues are deductible for some members of a trade association under Section 1662 of the Internal Revenue Code as an "ordinary and necessary business expense" and as determined by each member's tax advisor. The estimated percent of the annual budget designated for "lobbying" activities is determined to be 10% of each member's dues for the 2020-2021 membership year.

PART III: SERVICES PROVIDED

The NC Providers Council uses this information to represent members collectively at the NC General Assembly and when working with State officials in the Division of Health Benefits and DMH/DD/SAS, NC DHHS.

If applicable, in which LME/MCOs catchment areas do you provide services to consumers?

<input type="checkbox"/> Alliance Health	<input type="checkbox"/> Cumberland <input type="checkbox"/> Durham <input type="checkbox"/> Johnston <input type="checkbox"/> Wake
<input type="checkbox"/> Cardinal Innovations Healthcare	<input type="checkbox"/> Alamance <input type="checkbox"/> Caswell <input type="checkbox"/> Cabarrus <input type="checkbox"/> Chatham <input type="checkbox"/> Davidson <input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Franklin <input type="checkbox"/> Granville <input type="checkbox"/> Halifax <input type="checkbox"/> Mecklenburg <input type="checkbox"/> Orange <input type="checkbox"/> Person <input type="checkbox"/> Rockingham <input type="checkbox"/> Rowan <input type="checkbox"/> Stanly <input type="checkbox"/> Stokes <input type="checkbox"/> Union <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> Trillium Health Resources	<input type="checkbox"/> Beaufort <input type="checkbox"/> Bertie <input type="checkbox"/> Brunswick <input type="checkbox"/> Camden <input type="checkbox"/> Carteret <input type="checkbox"/> Chowan <input type="checkbox"/> Columbus <input type="checkbox"/> Craven <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Hertford <input type="checkbox"/> Hyde <input type="checkbox"/> Jones <input type="checkbox"/> Martin <input type="checkbox"/> Nash <input type="checkbox"/> New Hanover <input type="checkbox"/> Northampton <input type="checkbox"/> Onslow <input type="checkbox"/> Pamlico <input type="checkbox"/> Pasquotank <input type="checkbox"/> Pender <input type="checkbox"/> Perquimans <input type="checkbox"/> Pitt <input type="checkbox"/> Tyrrell <input type="checkbox"/> Washington
<input type="checkbox"/> Eastpointe	<input type="checkbox"/> Bladen <input type="checkbox"/> Duplin <input type="checkbox"/> Edgecombe <input type="checkbox"/> Greene <input type="checkbox"/> Lenoir <input type="checkbox"/> Robeson <input type="checkbox"/> Sampson <input type="checkbox"/> Scotland <input type="checkbox"/> Wayne <input type="checkbox"/> Wilson
<input type="checkbox"/> Partners Behavioral Health Management	<input type="checkbox"/> Burke <input type="checkbox"/> Catawba <input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston <input type="checkbox"/> Iredell <input type="checkbox"/> Lincoln <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin
<input type="checkbox"/> Sandhills Center	<input type="checkbox"/> Anson <input type="checkbox"/> Guilford <input type="checkbox"/> Harnett <input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Montgomery <input type="checkbox"/> Moore <input type="checkbox"/> Randolph <input type="checkbox"/> Richmond
<input type="checkbox"/> Vaya Health	<input type="checkbox"/> Alexander <input type="checkbox"/> Alleghany <input type="checkbox"/> Ashe <input type="checkbox"/> Avery <input type="checkbox"/> Buncombe <input type="checkbox"/> Caldwell <input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Haywood <input type="checkbox"/> Henderson <input type="checkbox"/> Jackson <input type="checkbox"/> Macon <input type="checkbox"/> Madison <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Polk <input type="checkbox"/> Rutherford <input type="checkbox"/> Swain <input type="checkbox"/> Transylvania <input type="checkbox"/> Watauga <input type="checkbox"/> Wilkes <input type="checkbox"/> Yancey

How many clients do you serve in NC? If none, please enter "0."

Total # of people with Intellectual/Developmental Disabilities (I/DD): Children _____ Adults _____

Total # of people with mental health disorders (MH): Children _____ Adults _____

Total # of people w/ substance use disorders (SUD): Children _____ Adults _____

Total # of children in Foster Care: Children _____

Please select all services that you provide to individuals with intellectual and developmental disabilities.

- Residential-ICF/IID
- Residential DDA, AFL or Supervised Living program
- Innovations Waiver Services
- CAP/C
- CAP/DA
- State funded services for I/DD
- I/DD Targeted Case Management
- Crisis Services, including NC START
- Adult Day Vocational Programs (ADVPs)

Please indicate the services you provide to individuals with mental health or substance use disorders.

- CABHA core services to children (intensive in-home, day treatment)
 - CABHA core services to adults (community support team)
 - MH/SA, Targeted Case Management
 - Outpatient Therapy
 - Vocational Rehabilitation
 - Psycho-Social Rehab (PSR)
 - Residential-Foster Care, Licensed Child Placement Agency
 - Children's Residential Level II-IV
 - Psychiatric Residential Treatment Facility (PRTF)
 - Residential services to adults
 - State funded services for MH (IPRS)
 - Facility-Based Crisis
 - Walk-In Crisis
 - Residential options/24-hour care
 - State funded services SA (IPRS)
 - Intensive In-Home (IIH)
 - ACTT
 - Peer Support
 - SAIOP
 - SACOT
 - Detox or MAT Services
 - OTHER (please describe in the space below)
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