



Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

RENDERING PROVIDER FORM

Please use this form to list any licensed and/or professional rendering provider staff that will be providing services to CMHA-CEI consumers that will need to be billed as a part of your Provider Network Agreement. **Please attach a copy of each individual's license, as applicable, when submitting the form.**

Please send questions and completed form(s) to Finance-Contracts@ceicmh.org.

**Example: Smith LMSW, Dow MD, Baggins RN*

Request Date	First Name	Last Name Plus Degree Abbreviation*	Start Date	NPI Number	Organization Name

