

**Nevada Behavioral Health Services**

**Provider Credentialing Department**

**Letter of Interest**

|  |  |
| --- | --- |
| **Date** | **Credentialing Contact** (name/address/phone/email) |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Group Name** | **TIN** | **NPI** |
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| **Provider Name** | **CAQH** | **License** | **NPI** |
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| **Practice Location** | **Secondary Practice Location** | **Billing/Correspondence Address** | **Practice Website** |
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**\*Email completed Letter of Interest to:** **credentialing@nvbhs.com**

Date received by NBH Credentialing

Click or tap to enter a date.