

**Nevada Behavioral Health Services**

**Provider Credentialing Department**

**Letter of Interest**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Credentialing Contact** (name/address/phone/email) | | | | | |
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| **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** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. |

**\*Email completed Letter of Interest to:** [**credentialing@nvbhs.com**](mailto:credentialing@nvbhs.com)

Date received by NBH Credentialing

Click or tap to enter a date.