



**Nevada Behavioral Health Systems
Letter of Interest**

Practice / Group Information			
Practice / Group Name			
Primary Practice Address			
City / State / Zip		Website URL	
Practice Phone		Group NPI #	
Practice Fax		Group TIN #	
Primary Contact Name	Primary Contact Email		
	Primary Contact Phone		

Provider Information						
Full Name	Individual NPI #	CAQH ID	License Type	Unique Email Address	Practice Location If different from primary	Remote Only
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Email completed Letter of Interest to: credentialing@nvbhs.com



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