



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CLIENT SERVICES  
EARLY INTERVENTION & PRE-EXPOSURE PROPHYLAXIS PROGRAM

APPENDIX C

*REQUIRED for Mental Health Care and Dental Providers*

SELECT PROVIDER TYPE		
<input type="checkbox"/> Mental Health Care	<input type="checkbox"/> Dental Care	
INSURANCE		
1. Is your office able to bill Medicaid (ProviderOne) or Apple Health?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does your office bill Medicare?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does your office bill Commercial/ Private Insurance?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what Insurances are accepted? ( <i>please check all that apply</i> )		
<input type="checkbox"/> Asuris	<input type="checkbox"/> Aetna	<input type="checkbox"/> Cigna
<input type="checkbox"/> Delta Dental	<input type="checkbox"/> Humana	<input type="checkbox"/> Kaiser Permanente
<input type="checkbox"/> LifeWise	<input type="checkbox"/> Molina Health Care	<input type="checkbox"/> Premera Blue Cross
<input type="checkbox"/> Providence Health Plan	<input type="checkbox"/> Regence BlueShield	<input type="checkbox"/> United Health Care
<input type="checkbox"/> Other: ( <i>please specify</i> )		
_____		
_____		
_____		
SERVICES		
4. If you are a mental health care provider, what treatment modalities do you offer that pertain to this program, or would be best suited for clients enrolled in EIP?		
_____		
_____		
_____		

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