



Mental Health Provider Information Collection Form

To ensure you can **continue to see your current mental health provider without interruption**, we are actively working to contract with providers our members have been seeing through the Magellan Healthcare provider network. Your assistance will help to ensure our efforts are successful. Please provide the information requested below about your current or recent mental health provider.

Member Information

Field	Your Response
Member Name	_____
Member ID #	_____
Member Email Address	_____

Provider Information

Field	Your Response
Provider Name	_____
Provider Address	_____
Provider Email Address	_____
Provider Phone Number	_____

Next Steps & Contact Information

Please contact us as soon as possible to help ensure there are **no interruptions in your care**.

- Email the completed information to: provnetwork@svcmcnyc.org
- Call us at: 800-241-4848 Option #1
