



American Behavioral Provider Nomination/Addition Form

American Behavioral strives to maintain the best provider network for its client organizations, their employees and family members. If you have a provider or providers you would like to nominate for possible inclusion in the American Behavioral network, please fill out this form and fax it to 205-868-9625. This is a confidential process.

Psychiatrist, Psychologist, Therapist

Provider Name: _____

Provider Address: _____

City: _____ **State:** _____ **Zip:** _____

Provider Telephone Number: (_____) _____

Provider Specialty (Check All That Apply):

Adult *Adolescent* *Children* *Geriatric*

Other (i.e. Substance Abuse, ADHD, Mood Disorders, Etc.)

Facility

Facility Name: _____

Facility Address: _____

Facility Main Telephone Number: (_____) _____

Facility Specialty:

Substance Abuse *Mental/Nervous*

Inpatient *Partial Hospitalization* *Intensive Outpatient* *Residential*

Other: _____

- **Address:** American Behavioral
550 Montgomery Highway, Suite 300
Birmingham, AL 35216
- **Main Phone Number:** 205-871-7814
- **800 Number:** 800-677-4544
- **Fax Number:** 205-868-9625