

Areas of Expertise Form

Mental health and substance abuse clinicians must use this form to identify their area of expertise for marketing in the Blue national directories. Clinicians report this information in good faith; Blue Cross and Blue Shield of Vermont and our delegates do not verify this information. Clinicians can change this information at any time by submitting an updated Area of Expertise Form.

Provider Name: _____

Provider NPI Number: _____

Date: _____

Check the preferred box for the area(s) in which you have special training, extensive experience and/or prefer to practice.

Specialty	Preferred	Specialty	Preferred
ADD/ ADHD		Gay / Lesbian Issues	
Adoption		Group Therapy	
Anxiety and Panic Disorders		HIV/ AIDS Related Issues	
Autism / PDD / Aspersers		Infertility	
Bariatric Surgery (Assessments)		Medication Management	
Behavior Modification		Men's Issues	
Bipolar Disorders		Neuropsychological Testing	
Chemical Dependency		Obsessive Compulsive Disorder	
Christian Counseling		Pain Management	
Compulsive Gambling		Personality Disorders	
Cultural / Ethnic Issues		Psychological Testing	
Depressive Disorders		Schizophrenia / Schizoaffective Disorder	
Dialectical Behavioral Therapy		Sexual Abuse	
Divorce / Blended Family Issues		Sexual Disorders	
Domestic Violence		Victims of Abuse, Assault, Trauma	
Eating Disorders		Prenatal and Post Partum Issues	
Electroconvulsive Therapy		Women's Issues	
Family Therapy		Other (please specify)	

Signature of Clinician _____



**BlueCross BlueShield
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