MANAGED HEALTH SERVICES (MHS)

SUPERVISING/COLLABORATING PHYSICIAN or INDIANA HSPP ATTESTATION

As the supervising/collaborating physician, or health service provider of psychology (HSPP), for _____ (insert name of applicant), I can attest that I supervise all plans of treatment as required by law, and he/she is providing care for MHS members solely at the following location(s):

Location I:

_____

_____

_____

Location II:

_____

_____

_____

Location III:

_____

_____

_____

Supervising/Collaborating Physician, or HSPP Name	License Type	License Number

_____ _____

Signature of Supervising/Collaborating Physician or HSPP Date

_____ _____

Medicaid Number NPI of Supervising/Collaborating Physician or HSPP