

MONTEREY COUNTY STAFF MASTER WORKSHEET

Please complete the staff master worksheet for the staff whose services will be claimed to Monterey County Behavioral Health Division (BHD). Please contact us if you have any questions at 831-755-4545.

Entity/Program/Worksite: Address (incl. City, State, Zip):

Staff Last Name: Staff First Name:

Staff email address: Staff phone num.:

Supervisor email: Supervisor phone num.:

Start Date: Termination Date:

Does staff need an Avatar login? Yes No

If yes, user with same access/copy access from:

Staff Ethnicity (mark one below)

- White Chinese Other Asian
Black Vietnamese Other Non White
Native American Laotian Unknown
Mexican American/Chicano Cambodian Other Southeast Asian
Latin American Japanese
Other Hispanic/Latino Filipino

General information

Gender: Date of birth: State/Country of Birth:

Staff language (please also mark secondary language, if any)

- English Spanish Chinese Japanese Filipino
Laotian Cambodian Vietnamese Sign Language Other:

Staff Classification Information

Staff Category: Taxonomy:

NPI Number:

Clinical License Information

Clinical license number: DEA number:
License type:
License issue date:
License expiration date:

I acknowledge that Monterey County Behavioral Health Division may submit a claim to different payor sources for the services I provide. In providing an original signature below, I authorize Monterey County Behavioral Health Division to claim services on my behalf.

Staff signature: _____ Date:

