Enrollment Instructions

Please complete the attached packet and return. The first page may be completed and signed by anyone in the practice. The information is used to register your practice in our documentation system, for ease of communication when providers call us. Please also complete the provider chart, listing information for each clinician in your practice.

Prior to enrollment, your providers may still call and use our services.

Returning TiPS Enrollment Packets

By Mail: WPA TiPS - Pine Center
11279 Perry Highway, Suite 204
Wexford, PA 15090

By Email: wpatips@chp.edu

By Fax: (724) 933-3916

Questions?

Please call 724-933-3912

CHILDREN'S TiPS
TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

TiPS Enrollment

Please complete, print, sign, and return as soon as possible.

Practice Information	
Practice Name	
Practice Type (pediatric, family, etc.)	
Contact Person/Office Manager	
Office Manager E-Mail	
Practice Address (number, street, city, zip)	
Practice Phone (back office preferred)	
Practice Fax	
Full Time Equivalent	
Pediatricians	
Family Physicians	
Mid-Level Practitioners	
Behavioral Health Providers	
Additional Sites	
Site 1 - Address and Phone	
Site 2 - Address and Phone	
Site 3 - Address and Phone	

We agree to participate in the Children's Telephonic Psychiatric Consultation Service (TiPS) with the following regional team: ☐ New West Zone ☐ Southwest Zone (check one)
We agree to participate in training at the beginning of the program and continuing education as needed during the program.
We agree to complete periodic satisfaction surveys.
We agree to continue to manage behavioral health care of appropriate cases for the primary care setting following case based education with the team.
We understand that the TiPS psychiatrist will not be prescribing medications.

Signed: _____ Date: _____

Title: _____

CHILDREN'S TiPS
TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

#	First Name	Last Name	Promise ID	Title	FTE	Type
1				-- SELECT --		-- SELECT --
2				-- SELECT --		-- SELECT --
3				-- SELECT --		-- SELECT --
4				-- SELECT --		-- SELECT --
5				-- SELECT --		-- SELECT --

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

#	First Name	Last Name	Promise ID	Title	FTE	Type
6				-- SELECT --		-- SELECT --
7				-- SELECT --		-- SELECT --
8				-- SELECT --		-- SELECT --
9				-- SELECT --		-- SELECT --
10				-- SELECT --		-- SELECT --

CHILDREN'S TiPS
TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

#	First Name	Last Name	Promise ID	Title	FTE	Type
11				-- SELECT --		-- SELECT --
12				-- SELECT --		-- SELECT --
13				-- SELECT --		-- SELECT --
14				-- SELECT --		-- SELECT --
15				-- SELECT --		-- SELECT --

CHILDREN'S TiPS
TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

Please list all providers within your practice including doctors, physician assistants, and nurse practitioners.

#	First Name	Last Name	Promise ID	Title	FTE	Type
16				-- SELECT --		-- SELECT --
17				-- SELECT --		-- SELECT --
18				-- SELECT --		-- SELECT --
19				-- SELECT --		-- SELECT --
20				-- SELECT --		-- SELECT --