



Submit completed form to: Office of Provider Services

For New Providers (Initial Credentialing):
Email: provider.services@cchealth.org - or - Fax: (925) 608-6794

For Existing Providers (Recredentialing):
Email: bhrec credentialing@cchealth.org - or - Fax: (925) 608-6794

Contra Costa County Behavioral Health

SSN Consent Form

(for Provider Credentialing and Recredentialing)

Contra Costa Mental Health Plan (CCMHP) is required to conduct federal exclusion database checks at the time of credentialing and recredentialing providers. This includes querying the Social Security Administration's Death Master File and National Practitioner Data Bank. These two database checks require the provider's Social Security number.

Below is a form to authorize the Provider Services Staff of the Contra Costa County Behavioral Health Division to use your Social Security number for these two required federal exclusion database checks.

Section I: Identifying Information

Provider's Legal Name:

Last: _____ First: _____ Middle: _____

Birth Date: _____ **NPI Number:** _____ **ShareCare ID:** _____
(MM/DD/YYYY) (if known)

Social Security Number: _____

Section II: Signature

I authorize CCMHP to use my Social Security Number for purposes of identification when corresponding with the National Practitioner Data Bank and checking the Social Security Administration's Death Master File.

Print Name: _____

Signature: _____
(Stamped or Electronic Signature Is Not Acceptable)

Date: _____