



CONNECTICUT

Behavioral Health Partnership

Provider Forums

CT BHP Registration and the Appeals Process

CT Behavioral Health Partnership providers are invited to attend a provider forum on the CT BHP Registration and the Appeals process. The forum will provide CT BHP providers with an overview of registered services, a tutorial on navigating the web based registration system and the CT BHP Appeals process. We are offering multiple sessions (the same forum repeated twice on each day) to accommodate the schedules of our providers.

Friday, August 18th

CT BHP ASO Office

500 Enterprise Dr. Suite 4D
Rocky Hill, CT 06067

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

Tuesday, August 22nd

Mitchell College

Weller Conference Center

437 Pequot Ave.
New London, CT, 06320

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

Thursday, August 24th

CT Hospital Association

110 Barnes Road
Wallingford, CT 06492

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

Monday, August 28th

**Bridgeport Hospital –
Hollander Auditorium**

267 Grant Street
Bridgeport, CT 06610

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

Wednesday, August 30th

CT Hospital Association

110 Barnes Road
Wallingford, CT 06492

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

Wednesday, September 6th

CT BHP ASO Office

500 Enterprise Dr. Suite 4D
Rocky Hill, CT 06067

Session 1 (9:00 – 12:00 PM)

Session 2 (1:00 – 4:00 PM)

*****Space is Limited*****

To RSVP: Fax the RSVP form to: 1 (860) 263-2036

or email your RSVP information to: ctbhp@valueoptions.com

**CT BEHAVIORAL HEALTH PARTNERSHIP
PROVIDER FORUM
RSVP FAX INFORMATION FORM**

Please **fax** this RSVP form to: 1-860-263-2036 *(No need for a cover letter)*

or

Email the information below to: ctbhp@valueoptions.com

Maximum of 2 attendees per office/clinic/facility

Name: _____
(If more than one guest is attending from your organization, please complete a form for each guest.)

Title: _____
(i.e. Office Manager, Clinical Director, Individual Practitioner, etc.)

Facility Name/Practitioner Name (if applicable): _____

Practice/Facility Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Please check the Forum Session that you plan on attending:

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CT BHP ASO Office, 500 Enterprise Dr. Suite 4D, Rocky Hill, CT 06067

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Directions to all Provider Forum Locations:

Please visit our website: www.ctbhp.com - Click on "For Providers" and then on "Events/Trainings"
or email the Provider Relations Department at ctbhp@valueoptions.com