



ORIGINS  
RECOVERY, LLC

**Origins Provider Network Profile**

Date submitted: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Help us know more about you! Please indicate by checkmark below any specialties or areas of focus you offer.

**Type of Service:**

- EAP
- Extended Care
- Halfway House/Sober Living
- Inpatient Hospital
- Interventionist
- IOP
- Partial Hospitalization
- Residential (please specify)
  - Staffed
  - Resident-managed
  - 30 Day
  - 90 Day – 6 Month
  - Long-Term
- Other \_\_\_\_\_

**Specialties:**

- Adolescent
- Adult (18 and up)
- ACOA
- Anger Management
- ADHD
- Axis II Diagnosis
- CD/Alcoholism
- Codependency
- Gambling/Spending
- Divorce
- Domestic Violence
- Dual Diagnosis
- Eating Disorders
- GLBT Focus
- Grief/Loss
- Internet Addiction
- Medication Management
- Men's Issues
- Mood Disorders
- Pain Management
- Sexual Addiction/Compulsivity
- Sexual Offenders
- Trauma
- Other \_\_\_\_\_

**Modality:**

- 12-Step Approach
- Biofeedback
- Cognitive/Behav. (CBT)
- Couple's Counseling
- Dialectical Behav. (DBT)
- Eye Movement (EMDR)
- Experiential Therapy
- Group Therapy - Specify \_\_\_\_\_
- Guided Imagery
- Hypnotherapy
- Imago
- Individual Therapy
- Massage
- Meditation/Relaxation
- Neurotherapy
- Psychodrama
- Reiki
- Somatic Experiencing®
- Vocational Counseling
- Other \_\_\_\_\_

**Education**

- Psychiatrist
- Other Physician
- Psychologist
- Doctorate, Non-Psychologist
- Master's
- Bachelor's
- Certification \_\_\_\_\_
- Nursing
- Clergy
- Legal
- Non-clinical
- Other \_\_\_\_\_

**Fee Range for Services**

- Sliding Scale \_\_\_\_\_
- Insurance Accepted: % of Practice \_\_\_\_\_
- Medicare/Other
- Private Pay % of Practice \_\_\_\_\_



**Origins Provider Network Profile**

Please tell us anything else you would like us to know about you.

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Thank you! We look forward to working with you.

Please return this form to us:

By mail:

Origins Recovery, LLC  
Attn: Origins Provider Network  
3100 Carlisle Street, Suite 210  
Dallas, Texas, 75206

Scan and email to:

[Providers@OriginsRecovery.com](mailto:Providers@OriginsRecovery.com)