



Dear Provider,

Thank you for your interest in FEI Behavioral Health, Inc. We are always looking for quality groups and individuals to enhance our network. Please use this checklist as your guide to complete our application process.

First, please review our requirements to become a FEI provider. If you meet the requirements please complete the following forms: (All of our application materials can be downloaded at www.feinet.com)

Application/Form/Task * Required		Complete
Provider Requirements Reviewed *		<input type="checkbox"/>
Clinician Application/Profile * (each individual clinician must fill out an application/profile)		<input type="checkbox"/>
Attach Copy of Clinician Resume or CV * (clearly indicating your EAP and specialty experience)		<input type="checkbox"/>
Mail/Fax/Email completed applications to:	FEI Behavioral Health – Network Operations 11700 West Lake Park Drive Milwaukee, WI 53224 Fax: (414) 359-1973 Email: netops@feinet.com	<input type="checkbox"/>

Should you have any questions, contact us at: netops@feinet.com or 800-782-1948, opt. 4 then opt. 3.

Again, thank you for your interest in working with FEI and we look forward to hearing from you.

Best regards,
FEI Network Operations Department