

PREPARE

NUCC Grouping:	Behavioral Health & Social Service Providers	Practice Setting:	Inpatient/Outpatient or Outpatient Only
Provider Type:	Applied Behavioral Analyst		
Primary Practice State:	FL		
Other Practice State(s):			

PERSONAL INFORMATION**Name**

First Name : **Lacey** Middle Name :
 Last Name : **Miller** Suffix :
 Have you used other names? **No**

Home Address

Street 1 :	8408 Alekai drive	Street 2 :	
City :	Pensacola	State :	FL
Country :	United States	Province :	
County :	Escambia County	Zip Code :	32526

Mailing Address

Is Mailing address and Home Address Same?	Yes	Street 2 :	
Street 1 :	8408 Alekai Dr	State :	FL
City :	Pensacola	Province :	
Country :	United States	Zip Code :	32526-2402
County :	Escambia County		

Primary Method of Contact

Primary E-mail Address :	LMiller@teampbs.com	Personal E-Mail Address :	Lacey0111@hotmail.com
PMOC CC Email1 :		PMOC CC Email2 :	

Phone Numbers

Home Phone :	850-516-5788	Personal Cell Phone :	
Personal Fax :	(772) 675-9100		

Personal Identification Numbers

Social Security Number :	439-71-0845	FNIN Country of Issue :	United States
Foreign National Identification Number :			
Do you have a Unique Physicians Identification Number (UPIN)?	No		
Do you have an Individual (Type 1) National Provider Identifier (NPI)?	Yes	Individual NPI:	1760907455

Demographics

Gender Identity:	Female	Birth City :	
Race/Ethnicity:	White	Birth Country :	Kansas City
Birth Date :	1/11/1983		United States
Birth State :	MO		

Languages

Non-English languages spoken by provider :
 provider :

PROFESSIONAL IDENTIFICATION NUMBERS**Professional License**

License State :	FL	Do you currently practice in this state?	Yes
License Number :	1-20-42649	License Type :	ABA
License Status :	Active		
Issue Date :	06/15/2020	Expiration Date :	06/15/2026

DEA Registration

Do you have a DEA Registration Certificate?	No
I do not Prescribe :	Yes
Reason For Not Having DEA :	I am not required to prescribe per my specialty
Alternate Prescriber Name :	

More Information :

Controlled Dangerous Substance (CDS) Registration

Do you have a CDS Registration Certificate?	No
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Medicare

Are you a participating Medicare provider?	No
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Medicaid

Are you a participating Medicaid provider?	Yes
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Medicaid Number :	021194300	State :	FL
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ECFMG

USMLE No. :

Exam Date :

Workers Compensation Number

Workers Compensation Number :

EDUCATION

Graduate Type :

US/Canada Graduate**Professional School Information**

Country :

United States

State :

FL

County :

Professional School :

University of West Florida

Street 1 :

11000 university pkwy

Street 2 :

pensacola

Province :

32514

Zip Code :

Fax Number :

Phone Number :

Masters of Arts (MA)

Degree :

08/2016

Professional School End Date :

08/2018

Area of Training / Course of Study /

Applied Behavior Analysis

Major :

Did you complete your professional education at this school?

Yes

Graduation Date :

08/10/2018**Professional School Information**

Country :

United States

State :

AL

County :

Professional School :

Troy State University

Street 1 :

600 University Ave

Street 2 :

Troy

Province :

36082

Zip Code :

Fax Number :

Phone Number :

Bachelor of Science (BS)

Degree :

08/2012

Professional School End Date :

12/2014

Area of Training / Course of Study /

**Sport and Fitness Administration-
Athletic Director**

Major :

Yes

Graduation Date :

12/12/2014**Undergraduate Education**

Country :

United States

State :

AL

School :

University of South Alabama

Street 1 :

2451 Fillingim Street

Street 2 :

Mobile

Province :

36617

Zip Code :

Fax Number :

Phone Number :

251-460-6101

Degree :

Bachelor of Arts (BA)

Start Date :

08/2001

End Date :

05/2010

Area of Training / Course of Study /

Physical Education

Major :

Yes

Graduation Date :

05/21/2010

Did you complete your Undergraduate education at this school?

Certificate Received/Awarded :

TRAINING INFORMATION**Cultural Competency Training :**

Have you completed cultural competency training?

Yes

Please select which program(s) you have completed:

SPECIALTY INFORMATION**Primary Specialty**

Primary Specialty :

Behavior Analyst (103K00000X)

Board Certified?

Yes

Name of Certifying Board :

Behavior Analyst Certification Board

Country :

State :

County :

Street 1 :

Street 2 :

City :

Province :

Zip Code :

Certification Number :

Initial Certification Date :

6/15/2020

Does your board certification have an expiration date?

Yes

Expiration Date :

6/15/2026

Last Recertification Date :

6/15/2024

Do you wish to be listed in the directory under this primary specialty? By HMO

Yes

Do you wish to be listed in the directory under this primary specialty? By PPO

Yes

Do you wish to be listed in the directory under this primary specialty? By POS

Yes**Secondary Specialty**

Issues Treated

Asperger's Syndrome, Attention Deficit/Hyperactive Disorder (ADHD), Autism Spectrum, Education and Learning Disabilities, Intellectual Disabilities

Types of Therapies

Applied Behavioral Analysis (ABA)**CERTIFICATION INFORMATION**

*** THERE IS NO DATA ON RECORD FOR THIS SECTION ***

PRACTICE LOCATIONS

Active Locations

General Information :

Confirmed Date :	8/27/2025	Providers's Start Date :	12/21/2020
Office Type :	Primary Practice		
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Behavior Analyst	Subspecialty :	Behavior Analyst
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Positive Behavior Supports Corporation - Emerald Coast		
Street 1 :	495 Grand Blvd Ste 206	Country :	United States
Street 2 :		State :	FL
City :	Miramar Beach	Province :	
County :		Email Address :	RrPinero@teampbs.com
Zip Code :	32550-1408	Practice Location Website	www.teampbs.com
Can general correspondence be sent to this location?			
Appointment Scheduling Website	www.teampbs.com		
Mailing Address :			
Street1 :	7108 S. Kanner Highway	Street2 :	
City :	Stuart	State :	FL
County :		Province :	
Country :	United States	Zip Code :	34997
Type of Practice :	Single Specialty Group		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI:	1700024296
Group Medicaid Number :	017422400	Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	855-832-6727	Phone Extention :	
Fax Number :	772-675-9100		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:	Yes		
Phone Coverage Type :	Voice Mail Other		
Tax Information :			
Practice Name as it appears on the W-9 :	Positive Behavior Supports Corp		
Tax ID :	205268843	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :	Positive Behavior Supports Corp		
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None

Do you accept new patients at this practice location? **Yes**

Do you accept existing patients with change of payor at this location? **Yes**

Do you accept all new patients at this location? **Yes**

Do you accept new Medicare patients at this location? **No**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.)

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ? **No**

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name :	Rafael	Last Name :	Pinero
Middle Name :		Suffix :	
Phone Number :	855-832-6727	Fax Number :	772-675-9100
E-mail Address :	RrPinero@teampbs.com		

Is Office Manager Credentialing Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

First Name :	Danielle	Middle Name :	
Last Name :	Sexton	Street 1 :	7108 S Kanner Hwy
Billing Company Name :		City :	Stuart
Street 2 :		Province :	
State:	FL	Zip Code :	71083-4997
Country :		Fax Number :	772-675-9100
Phone Number :	855-832-6727		
E-mail Address :	Dhunter@teampbs.com		

Payment and Remittance :

Billing department name :	PBS Corp Billing Department	Check Payable to :	Positive Behavior Supports Corp
Electronic billing capabilities ?	Yes		
Office Manager & Payee Contact are same ?	No		

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building	No
Interior Building	No
Wheelchair access to exam room	No
Exam table/scale/chair	No
Gurneys & Stretchers	No
Portable Lifts	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes
Other Handicapped Access :	

American Sign Language :
Mental/Physical Impairment Services :

No

No

Other Disability Services :

No

Is this office accessible by public transportation ?

No**Please specify how this office is accessible by public transportation:**

Bus Transportation:

No

Subway :

No

Regional Train :

No

Other Transportation :

Does this Location Provide Child Care Services?

No

Does this office meet all state and local fire, safety and sanitation requirements?

No

Do you have TDD(hearing impaired device) available :

No

Do you accept Workers' Compensation Patients?

No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?

No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?

No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible

No

Staff are available and willing to provide compensation representatives information regarding a claimant's care.

No

Telehealth :

I provide telehealth services at this location:

Yes

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes

Telehealth Service Type:

Audio :

No

Audio/Video :

Yes

Online Adaptive Interviews :

No

Secure Text Messaging :

No

Remote Monitoring :

No

Store-and-Forward :

No

Are you willing and able to support family caregivers?

Yes

Services :

Does this location provide any of the following services:

Laboratory Services? :

No

Accrediting/Certifying Program :

Radiology Services :

NoX-ray? **No**

X-Ray Certification Type :

NoEKG Services? **No**

Care of Minor Lacerations?

NoPulmonary Function testing? **No**

Allergy Injections :

NoAllergy Skin Testing? **No**

Office Gynecology?

No

Drawing Blood?

NoAge Appropriate Immunizations? **No**

Asthma Treatment?

NoTympanometry/Audiometry Screening ? **No**

Flexible Sigmoidoscopy?

NoIV Hydration treatment? **No**

Osteopathic Manipulation?

NoPhysical Therapy? **No**

Cardiac Stress Test?

No

Treadmill?

Is anesthesia administered in your office ?

No

What class/category of anesthesia is used ?

Anesthesia Administered by First Name :

Anesthesia Administered by Last Name :

:

Other Services :

Special Skills By The Practitioner :

Special Skills By The Staff :

Non-English language spoken by office personnel :

Employee Type :

Do you have any interpreters at this location? **No****Archived Locations****General Information :**

Confirmed Date :

12/21/2020

Office Type :

Primary Practice

Providers's Start Date :

10/26/2020

Do you practice at this location?:

No, I do not practice here

Please Explain:

I never practiced here and have no affiliation with this location

Provider Directory Classification :

Specialty :

Subspecialty :

Will you continue to practice at this location

Type of Service provided :

Provide a narrative description of your clinical practice including special interests :

Practice Name :

Grey Matters Behavior Services

Street 1 :

41 Fairpoint Dr Ste G

Provider Name : Miller Lacey

Zip Code :

32561-4380

Provider CAQH ID : 14689264

Email Address :

Attestation Date : 08/28/2025
greymattersbehavior@gmail.com

Can general correspondence be sent to this location?

Appointment Scheduling Website

Mailing Address :

Street1 :

Street2 :

City :

State :

County :

Province :

Country :

Zip Code :

Type of Practice :

Group/Single/Clinic

Do you have an organization (Type 2)

Yes

Organization (Type 2) NPI:

1134733090

NPI? :

Group Medicaid Number :

Group Medicare Number :

Phone Numbers :

Appointment Phone Number :

248-798-4402

Phone Extention :

Fax Number :

850-745-2628

Back Office Phone Number :

Phone Coverage :

Does this location provide 24hour/7day a

Yes

week phone coverage?:

Voice Mail Other

Tax Information :

Practice Name as it appears on the W-9

Grey Matters Behavior Services

:

Tax ID :

852851276

Type of Tax ID :

Group

Is this the primary Tax ID for this practice

Yes

location?

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No

Office Hours :

Monday

8:00 AM

End Time :

5:00 PM

Tuesday

8:00 AM

End Time :

5:00 PM

Wednesday

8:00 AM

End Time :

5:00 PM

Thursday

8:00 AM

End Time :

5:00 PM

Friday

8:00 AM

End Time :

5:00 PM

Start Time :

8:00 AM

End Time :

5:00 PM

Saturday

8:00 AM

End Time :

5:00 PM

Start Time :

None

End Time :

None

Sunday

8:00 AM

End Time :

5:00 PM

Start Time :

None

End Time :

None

Patients :

Do you accept new patients at this

Yes

practice location?

Do you accept existing patients with change of payor at this location?

Yes

Do you accept all new patients at this location?

Yes

Do you accept new Medicare patients at this location?

Yes

Do you accept new Medicaid patients at this location?

Yes

Do you accept new CHIP patients at this location?

Yes

Do you accept new patients from physician referrals (i.e., referring letter) at this location?

Yes

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.)

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ?

No

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Office Manager or Business Staff Contact :

First Name : Tara

Last Name : Reitz

Middle Name :

Suffix :

Phone Number :

Fax Number :

E-mail Address :

Is Office Manager Credentialing Contact

:

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? No

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? Yes

Does this office provide handicapped accessibility ? Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building

Yes

Interior Building

No

Wheelchair access to exam room

No

Exam table/scale/chair

No

Gurneys & Stretchers

No

Portable Lifts

No

Radiologic Equipment

No

Signage & documents

No

Parking

Yes

Restroom

Yes

Other Handicapped Access :

Does this office have other services for the disabled ? No

Please specify other services for the disabled:

Text Telephony (TTL) :

No

American Sign Language :

No

Mental/Physical Impairment Services :

No

Other Disability Services :

Is this office accessible by public transportation ? No

Please specify how this office is accessible by public transportation:

Bus Transportation:

No

Subway :

No

Regional Train :

No

Other Transportation :

Does this Location Provide Child Care Services?

No

Does this office meet all state and local fire, safety and sanitation requirements?

Yes

Do you have TDD(hearing impaired device) available :

No

Do you accept Workers' Compensation Patients?

No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?

No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?

No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible

No

Staff are available and willing to provide compensation representatives information regarding a claimant's care.

No

Telehealth :

I provide telehealth services at this location:

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Telehealth Service Type:

Audio :

Audio/Video :

Online Adaptive Interviews : No

Secure Text Messaging :

Remote Monitoring :

Store-and-Forward :

Are you willing and able to support family No caregivers?

Services :

Does this location provide any of the following services:

Care of Minor Lacerations?

Pulmonary Function testing?

Allergy Injections :

Allergy Skin Testing :

Office Gynecology?

Age Appropriate Immunizations?

Drawing Blood?

Tympanometry/Audiometry Screening ?

Asthma Treatment?

IV Hydration treatment?

Flexible Sigmoidoscopy?

Physical Therapy?

Osteopathic Manipulation?

What class/category of anesthesia is

Cardiac Stress Test?

used ?

Treadmill?

Anesthesia Administered by Last Name :

Is anesthesia administered in your office

?

Anesthesia Administered by First Name

:

Other Services :

Special Skills By The Staff :

Special Skills By The Practitioner :

Portuguese

Non-English language spoken by office personnel :

Employee Type :

No

Do you have any interpreters at this location?

General Information :**12/21/2020****Office Type :****No, I do not practice here**

Providers's Start Date :

4/7/2017

Do you practice at this location?:

I no longer practice at this location

Please Explain:

12/18/2020

End Date :

Provider Directory Classification :

Specialty :

Will you continue to practice at this location

Subspecialty :

Type of Service provided :

Provide a narrative description of your clinical practice including special interests :

Practice Name :

Sandcastle centers, LLC

Street 1 :

3208 Gulf Breeze Pkwy

Country :

United States

Street 2 :

Gulf Breeze

State :

FL

City :

County :

Province :

FL

County :

Zip Code :

Email Address :

32563-3350

Zip Code :

Can general correspondence be sent to this location?

Practice Location Website

Appointment Scheduling Website

Mailing Address :

Street1 :

3208 GULF BREEZE PKWY

Street2 :

City :

GULF BREEZE

State :

FL

County :

United States

Province :

FL

Country :

Type of Practice :

Zip Code :

32563-3350

Do you have an organization (Type 2 NPI)? :

Yes

Organization (Type 2) NPI:

1093217689

NPI? :

Group Medicaid Number :

Group Medicare Number :

Phone Numbers :

Appointment Phone Number :

407-801-9924

Phone Extention :

Fax Number :

Back Office Phone Number :

Phone Coverage :

Does this location provide 24hour/7day a week phone coverage?:

No**Voice Mail Other****Tax Information :**

Practice Name as it appears on the W-9 :

Sandcastle Centers, LLC

Type of Tax ID :

Group

:

Tax ID :

824254528

Is this the primary Tax ID for this practice location?

Yes

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No**Office Hours :**

Monday

8:30 AM

End Time :

4:30 PM

Start Time :

Tuesday

Thursday

Start Time : **8:30 AM**End Time : **4:30 PM**

Friday

Start Time : **8:30 AM**End Time : **4:30 PM**

Saturday

Start Time :

End Time :

Sunday

Start Time :

End Time :

Patients :Do you accept new patients at this practice location? **Yes**Do you accept existing patients with change of payor at this location? **Yes**Do you accept all new patients at this location? **Yes**Do you accept new Medicare patients at this location? **No**Do you accept new Medicaid patients at this location? **Yes**Do you accept new CHIP patients at this location? **Yes**Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.)

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No****Colleagues :**Do you have any Partners/Associate at this location ? **No****Covering Colleagues :**

First Name : Middle Name :

Last Name :

NUCC Grouping :

Specialty :

Provider Type :

Mid-Level Practitioners :Do you have any mid-level practitioners at this location? **No****Office Manager or Business Staff Contact :**First Name : **Erica**Last Name : **Kinnebrew**

Middle Name :

Suffix :

Phone Number :

Fax Number :

E-mail Address :

Is Office Manager Credentialing Contact **No**

:

Billing Contact :Office Manager & Billing Contact are same ? **Yes**

:

First Name :

Middle Name :

Last Name :

Street 1 :

Billing Company Name :

Street 2 :

City :

State:

Province :

Country :

Zip Code :

Phone Number :

Fax Number :

E-mail Address :

Payment and Remittance :

Billing department name : Check Payable to :

Sandcastle Centers, LLCElectronic billing capabilities ? **Yes**Office Manager & Payee Contact are same ? **Yes**

:

First Name :

Middle Name :

Last Name :

Street 1 :

Street 2 :

City :

State:

Province :

Country :

Zip Code :

Phone Number :

E-mail Address :

Practice Limitations and Patient Populations :

:

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :Does this office meet ADA accessibility requirements ? **Yes**Does this office provide handicapped accessibility ? **Yes****Please specify how this location meets handicapped accessibility requirements:**

Exterior Building	Yes
Interior Building	Yes
Wheelchair access to exam room	Yes
Exam table/scale/chair	No
Gurneys & Stretchers	No
Portable Lifts	Yes
Radiologic Equipment	No
Signage & documents	Yes
Parking	Yes
Restroom	Yes

Other Handicapped Access :

Does this office have other services for the disabled ? **No****Please specify other services for the disabled:**

Text Telephony (TTL) :	No
American Sign Language :	No
Mental/Physical Impairment Services :	No

Other Disability Services :

Is this office accessible by public transportation ? **Yes****Please specify how this office is accessible by public transportation:**

Bus Transportation:	Yes
Subway :	No
Regional Train :	No
Other Transportation :	
Does this Location Provide Child Care Services?	No
Does this office meet all state and local fire, safety and sanitation requirements?	Yes
Do you have TDD(hearing impaired device) available :	No
Do you accept Workers' Compensation Patients?	No
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?	No
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No

Telehealth :

I provide telehealth services at this location:

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Telehealth Service Type:

Audio :	Audio/Video :
Online Adaptive Interviews :	No
Remote Monitoring :	Secure Text Messaging :

Are you willing and able to support family No
caregivers?**Services :**

Does this location provide any of the following services:

Laboratory Services? :	Yes	Accrediting/Certifying Program :
Radiology Services :	No	X-ray?
X-Ray Certification Type :		EKG Services?
Care of Minor Lacerations?		Pulmonary Function testing?
Allergy Injections :		Allergy Skin Testing :
Office Gynecology?		
Drawing Blood?		Age Appropriate Immunizations?
Asthma Treatment?		Tympanometry/Audiometry Screening ?
Flexible Sigmoidoscopy?		IV Hydration treatment?
Osteopathic Manipulation?		Physical Therapy?
Cardiac Stress Test?		
Treadmill?		
Is anesthesia administered in your office ?		What class/category of anesthesia is used ?
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :
Other Services :		
Special Skills By The Practitioner :		Special Skills By The Staff :
Non-English language spoken by office		

HOSPITAL AFFILIATIONS**General :**

Do you have admitting privileges at one or more hospitals? **No**
Do you have an admitting arrangement where another provider admits for you? **No**
Do you have any non-admitting hospital affiliations? **No**

CREDENTIALING INFORMATION

First Name :	christian	Middle Name :	
Last Name :	Helenius	Street 1 :	7108 S Kanner Hwy
Street 2 :		City :	Stuart
State :	FL	Zip Code :	34997-7462
Country :	United States	Province :	
Phone Number :	855-832-6727	Fax Number :	772-675-9100
Email Address :	Chelenius@teampbs.com		
Primary Credentialing Contact :	Yes	Location :	
Location Type :	PracticeLocation	Location :	Positive Behavior Supports Corporation - Emerald Coast
First Name :		Middle Name :	
Last Name :		Street 1 :	
Street 2 :		City :	
State :		Zip Code :	
Country :		Province :	
Phone Number :		Fax Number :	
Email Address :			
Primary Credentialing Contact :			
Location Type :			

INSURANCE INFORMATION

Policy Number :	6799172	Street 2 :	
Covered Practice Locations :	Positive Behavior Supports Corporation - Emerald Coast		
Original Effective Date :	01/31/2025	Province :	
Current Effective Date :	01/31/2025	Country :	United States
Current Expiration Date :	01/31/2026	Phone Number :	617-330-1100
Carrier/Self Insured Name :	Lexington Insurance Company		
Street 1 :	99 High Street	Fax Number :	866-671-9288
City :	Boston		
State :	MA		
Zip Code :	02110		
Phone Extension :			
Do you have unlimited coverage with this insurance carrier? :	No		
Type of coverage :	Occurrence	Amount of coverage aggregate :	\$3,000,000.00
Amount of coverage per occurrence :	\$1,000,000.00		
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? :	No		
Individual Coverage :	No		
Self-Insured?	No		
Policy Number :	6799172		
Covered Practice Locations :	Positive Behavior Supports Corporation - Emerald Coast		
Original Effective Date :	01/31/2026	Street 2 :	
Current Effective Date :	01/31/2024	Province :	
Current Expiration Date :	01/31/2025	Country :	United States
Carrier/Self Insured Name :	Lexington Insurance Company		
Street 1 :	99 High Street	Phone Number :	617-330-1100
City :	Boston	Fax Number :	866-671-9288
State :	MA		
Zip Code :	02110		
Phone Extension :			
Do you have unlimited coverage with this insurance carrier? :	No		
Type of coverage :	Occurrence	Amount of coverage aggregate :	\$3,000,000.00
Amount of coverage per occurrence :	\$1,000,000.00		
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? :	No		
Individual Coverage :	No		
Self-Insured?	No		
Policy Number :	MEO4026591.23		
Covered Practice Locations :	Positive Behavior Supports Corporation - Emerald Coast		

Carrier/Self Insured Name : **Lloyd's of London c/o Risk Placement Services**

Street 1 : **2002 N Lois Ave., ste 130** Street 2 :

City : **Tampa** Province :

State : **FL** Country :

Zip Code : **33607** Phone Number :

Phone Extension :

Do you have unlimited coverage with this insurance carrier? **No**

Type of coverage : **Occurrence**

Amount of coverage per occurrence : **\$1,000,000.00** Amount of coverage aggregate : **\$3,000,000.00**

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? **No**

Individual Coverage : **No**

Self-Insured? **No**

Policy Number : **MEO4026591.22**

Covered Practice Locations : **Positive Behavior Supports Corporation - Emerald Coast**

Original Effective Date : **01/31/2021**

Current Effective Date : **01/31/2022**

Current Expiration Date : **01/31/2023**

Carrier/Self Insured Name : **Lloyds of London**

Street 1 : **10 Fairway Dr Ste 101** Street 2 :

City : **Deerfield Beach** Province :

State : **FL** Country :

Zip Code :

Phone Extension :

Do you have unlimited coverage with this insurance carrier? **No**

Type of coverage : **Occurrence**

Amount of coverage per occurrence : **\$1,000,000.00** Amount of coverage aggregate : **\$3,000,000.00**

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? **No**

Individual Coverage : **No**

Self-Insured? **No**

Policy Number : **MEO4026591.21**

Covered Practice Locations : **Banak insurance agency**

Original Effective Date : **01/31/2021**

Current Effective Date : **01/31/2021**

Current Expiration Date : **01/31/2022**

Carrier/Self Insured Name : **Banak insurance agency**

Street 1 : **800 virginia ave** Street 2 :

City : **fort pierce** Province :

State : **FL** Country :

Zip Code : **34997** Phone Number :

Phone Extension :

Do you have unlimited coverage with this insurance carrier? **No**

Type of coverage : **Occurrence**

Amount of coverage per occurrence : **\$1,000,000.00** Amount of coverage aggregate : **\$3,000,000.00**

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? **No**

Individual Coverage : **No**

Self-Insured? **No**

Policy Number : **U15721**

Covered Practice Locations : **CM&F Group, Inc.**

Original Effective Date : **12/21/2020**

Current Effective Date : **12/21/2021**

Current Expiration Date : **12/21/2021**

Carrier/Self Insured Name : **CM&F Group, Inc.**

Street 1 : **99 Hudson Street** Street 2 :

City : **New York** Province :

State : **NY** Country :

Zip Code :

Phone Extension :

Do you have unlimited coverage with this insurance carrier? **Yes**

Type of coverage : **Occurrence**

Amount of coverage per occurrence : **\$1,000,000.00** Amount of coverage aggregate : **\$6,000,000.00**

If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage? **No**

Individual Coverage : **Yes**

Self-Insured? **Yes**

Practice/Employer Name :	Positive Behavior Supports Corporation - Emerald Coast	Department :	ABA Therapy
Street 1 :	495 Grand Boulevard Suite 206	Street 2 :	
Country :	United States	State :	FL
City :	Miramar Beach	Zip Code :	32550-1408
Province :		Phone Extension :	
Phone Number :	855-832-6727		
Fax Number :	772-675-9100		
Start Date :	01/2021		
Is this your current employer?	Yes		
Practice/Employer Name :	Sandcastle Centers, LLC	Department :	
Street 1 :	3802 gulf breeze pkwy	Street 2 :	
Country :	United States	State :	FL
City :	gulf breeze	Zip Code :	32563
Province :		Phone Extension :	
Phone Number :			
Fax Number :			
Start Date :	04/2017		
Is this your current employer?	No		
End Date :	12/2020	Reason for departure :	Company Financial Decision
Practice/Employer Name :	Santa Rosa County School Board	Department :	
Street 1 :	6032 US 90	Street 2 :	
Country :	United States	State :	FL
City :	MILTON	Zip Code :	32570
Province :		Phone Extension :	
Phone Number :			
Fax Number :			
Start Date :	01/2012		
Is this your current employer?	No		
End Date :	12/2017	Reason for departure :	NEW POSITION
Practice/Employer Name :	MOBILE COUNTY SCHOOL DISTRICT	Department :	
Street 1 :	1 MAGNUS PASS	Street 2 :	
Country :	United States	State :	AL
City :	MOBILE	Zip Code :	36618
Province :		Phone Extension :	
Phone Number :			
Fax Number :			
Start Date :	01/2009		
Is this your current employer?	No		
End Date :	01/2011	Reason for departure :	NEW POSITION
Employment Gap Record :			
Start Date:	02/2011	End Date:	12/2011
Gap Explanation:	Other (please specify)	Reason:	English program in Korea
Start Date:	08/2016	End Date:	08/2018
Gap Explanation:	Academic/Training leave		
Military :			
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	No

REFERENCES INFORMATION

Provider Type :		
First Name :	josh	Middle Name :
Last Name :	McGrew	
Street 1 :	Oriole Beach Road	Street 2 :
City:	gulf breeze	State :
Province :		Zip Code :
Country :		Email Address :
Phone Number :	850-723-1925	
Fax Number :		
Provider Type :		
First Name :	Kathleen	Middle Name :
Last Name :	murdock	
Street 1 :		Street 2 :
City:	pensacola	State :
Province :		Zip Code :
Country :		Email Address :
Phone Number :	850-748-6097	
Fax Number :		
Provider Type :		
First Name :	Logan	Middle Name :
Last Name :	Thomas	
Street 1 :		Street 2 :

Phone Number :
Fax Number :

850-320-0639

DISCLOSURE INFORMATION**CAQH :****Licensure :**

1. Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? **No**

2. Has there been any challenge to your licensure, registration or certification? **No**

Hospital Privileges and Other Affiliations :

3. Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board? **No**

4. Have you voluntarily or involuntarily surrendered, limited your privileges or not reappplied for privileges while under investigation? **No**

5. Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? **No**

Education, Training and Board Certification :

6. Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign? **No**

7. Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program? **No**

8. Have any of your board certifications or eligibility ever been revoked? **No**

9. Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation? **No**

DEA or CDS :

10. Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? **No**

Medicare, Medicaid or other Governmental Program Participation :

11. Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs? **No**

Other Sanctions or Investigations :

12. Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**

13. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? **No**

14. Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? **No**

15. Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct? **No**

16. Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency? **No**

Professional Liability Insurance Information and Claims History :

17. Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history? **No**

18. Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history? **No**

Malpractice Claims History :

19. Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? If yes, provide information for each case. **No**

Criminal/Civil History :

20. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony? **No**

21. In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**

22. Have you ever been court-martialed for actions related to your duties as a medical professional? **No**

Ability to Perform Job :

23. Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. Illegal use of drugs refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.) **No**

24. Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety? **No**

25. Do you have any reason to believe that you would pose a risk to the safety or well being of your patients? **No**

26. Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation? **No**