

PREPARE			
NUCC Grouping:		Behavioral Health & Social Service Providers	
Provider Type:		Clinical Social Worker	Practice Setting: Inpatient/Outpatient or Outpatient Only
Primary Practice State:		CT	
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :		Coretta	Middle Name :
Last Name :		Gilbert	Suffix :
Have you used other names?		No	
Home Address			
Street 1 :		51 Park Avenue	Street 2 :
City :		Bloomfield	State : CT
Country :		United States	Province :
County :		Hartford County	Zip Code : 06002
Mailing Address			
Is Mailing address and Home Address Same?		Yes	
Street 1 :		51 Park Ave	Street 2 :
City :		Bloomfield	State : CT
Country :		United States	Province :
County :		Hartford County	Zip Code : 06002-3232
Primary Method of Contact			
Primary E-mail Address :		piecetopeace.services@gmail.com	Personal E-Mail Address : Coretta.gilbert@uconn.edu
PMOC CC Email1 :			PMOC CC Email2 :
Phone Numbers			
Home Phone :			Personal Cell Phone : 860-881-6436
Personal Fax :			
Personal Identification Numbers			
Social Security Number :		045-92-1635	
Foreign National Identification Number :		FNIN Country of Issue :	
Do you have a Unique Physicians Identification Number (UPIN)?		No	
Do you have an Individual (Type 1) National Provider Identifier (NPI)?		Yes	
		Individual NPI :	1962924498
Demographics			
Gender Identity:		Female	
Race/Ethnicity :		Black or African American	
Birth Date :		1/17/1994	Birth City : Hartford
Birth State :		CT	Birth Country : United States
Languages			
Non-English languages spoken by provider :			

PROFESSIONAL IDENTIFICATION NUMBERS			
Professional License			
License State :		CT	Do you currently practice in this state? Yes
License Number :		10906	License Type : Licensed Clinical Social Worker Associate
License Status :		Active	
Issue Date :		01/02/2020	Expiration Date : 01/31/2025
DEA Registration			
Do you have a DEA Registration Certificate?		No	
Controlled Dangerous Substance (CDS) Registration			
Do you have a CDS Registration Certificate?		No	
Medicare			
Are you a participating Medicare provider?		No	
Medicaid			
Are you a participating Medicaid provider?		No	
ECFMG			
Do you have a Educational Commission for Foreign Medical Graduates (ECFMG) Number?		No	
USMLE			
USMLE No. :		Exam Date :	
Workers Compensation Number			
Workers Compensation Number :			

EDUCATION	
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Graduate Type :		US/Canada Graduate	
<b>Professional School Information</b>			
Country :	United States	State :	CT
County :	Hartford County		
Professional School :	University of Connecticut	Street 1 :	358 Mansfield Rd
Street 2 :		City :	Storrs Mansfield
Province :			
Zip Code :	06269		
Phone Number :		Fax Number :	
Degree :	Master of Social Work (MSW)		
Professional School Start Date :	07/2016	Professional School End Date :	05/2017
Area of Training / Course of Study / Major :	Social Work		
Did you complete your professional education at this school?	Yes	Graduation Date :	05/14/2017
<b>Undergraduate Education</b>			
Country :	United States	State :	CT
School :	Central Connecticut State University	Street 1 :	1615 Stanley St
Street 2 :		City :	New Britain
Province :			
Zip Code :	06053		
Phone Number :	860-832-3200	Fax Number :	
Degree :	Bachelor of Social Work (BSW)		
Start Date :	08/2012	End Date :	05/2016
Area of Training / Course of Study / Major :	Social Work		
Did you complete your Undergraduate education at this school?	Yes	Graduation Date :	05/06/2016
Certificate Received/Awarded :	Bachelor of Arts - Social Work		

<b>TRAINING INFORMATION</b>			
<b>Internship :</b>			
Did you do any internships?	Yes		
If your Residency information was migrated to the CAQH Provider Data profile but appears on the Internship section, use the "Type" field to move data from the Internship to the Residency section.			
Type :	Internship		
Country :	United States	State :	CT
County :	Hartford County		
Institution/Hospital Name :	Global Communications Academy	Affiliated University :	University of Connecticut
Street1 :	85 Edwards Street	Street2 :	
City :	Hartford	Province :	
Zip Code :	06120	Phone :	860-695-6020
Phone Extension :		Fax Number :	
Email Address :		Start Date :	09/2016
End Date :	05/2017	Type of Program :	
Department :	Social Work		
Specialty :		Name of Director :	Merline Clark
Did you complete the training program at this institution?	Yes	Completion Date :	5/05/2017
<b>Cultural Competency Training :</b>			
Have you completed cultural competency training?		Yes	

<b>SPECIALTY INFORMATION</b>			
<b>Primary Specialty</b>			
Primary Specialty :	Social Worker, Clinical (1041C0700X)		
Board Certified?	No		
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		
Not Certified Status :	Exam Taken Results Pending		
Results pending for:			
<b>Secondary Specialty</b>			
Do you have a Secondary Specialty?	No		
<b>Special Experience, Skills and Training</b>			
Please select one or more special experience, skills and training that apply from the list below:			
Anxiety, Child Welfare, Co-occurring Disorders, Depression, Group Therapy, Substance Abuse, Trauma			

<b>CERTIFICATION INFORMATION</b>	
*** THERE IS NO DATA ON RECORD FOR THIS SECTION ***	
<b>PRACTICE LOCATIONS</b>	
Active Locations	
<b>General Information :</b>	
Confirmed Date :	3/23/2024

Provider Name : Gilbert Coretta

Provider CAQH ID : 14599685

Attestation Date : 03/23/2024

Office Type :	Primary Practice	Providers's Start Date :	10/1/2020
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 :	Social Worker, Clinical	Subspecialty :	Social Worker, Clinical
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 :	Piece to Peace, LLC		
Street 1 :	151 New Park Ave Unit 2D		
Street 2 :		Country :	United States
City :	Hartford	State :	CT
County :	Hartford County	Province :	
Zip Code :	06106-2191	Email Address :	piecetopeace.services@gmail.com
Can general correspondence be sent to this location?	Yes	Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :	151 NEW PARK AVE	Street2 :	UNIT 2D
City :	HARTFORD	State :	CT
County :	Hartford County	Province :	
Country :	United States	Zip Code :	06106-2191
Type of Practice :	Individual		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1013549252
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	860-785-5897	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:	No		
Phone Coverage Type :	Voice Mail Other		
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	844407685	Type of Tax ID :	Group
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			
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 :	9:00 AM	End Time :	5:00 PM
Sunday			
Start Time :	9:00 AM	End Time :	5:00 PM
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 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 : **Coretta**

Last Name :

**Gilbert**

Middle Name :

Suffix :

Phone Number : **860-785-5897**

Fax Number :

E-mail Address : [piecetopeace.services@gmail.com](mailto:piecetopeace.services@gmail.com)

Is Office Manager Credentialing Contact : **Yes**

**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 :

**Piece to Peace, LLC**

Electronic 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 :

Fax Number :

E-mail Address :

**Practice Limitations and Patient Populations :**

Are there any Practice Limitations ? **No**

Gender Limitations : **No**

Are there any Age Limitations? : **No**

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 **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 ? **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**

Provider Name : Gilbert Coretta		Provider CAQH ID : 14599685		Attestation Date : 03/23/2024	
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			
<b>Telehealth :</b>					
I provide telehealth services at this location:		<b>Yes</b>			
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		<b>Yes</b>			
Telehealth Service Type:					
Audio :		Audio/Video :		<b>Yes</b>	
Secure Text Messaging :		Remote Monitoring :			
Store-and-Forward :					
Are you willing and able to support family caregivers?		Yes			
<b>Services :</b>					
Does this location provide any of the following services:					
Laboratory Services? :	<b>No</b>	Accrediting/Certifying Program :			
Radiology Services :	<b>No</b>	X-ray?		<b>No</b>	
X-Ray Certification Type :		EKG Services?		<b>No</b>	
Care of Minor Lacerations?	<b>No</b>	Pulmonary Function testing?		<b>No</b>	
Allergy Injections :	<b>No</b>	Allergy Skin Testing :		<b>No</b>	
Office Gynecology?	<b>No</b>				
Drawing Blood?	<b>No</b>				
Asthma Treatment?	<b>No</b>	Age Appropriate Immunizations?		<b>No</b>	
Flexible Sigmoidoscopy?	<b>No</b>	Tympanometry/Audiometry Screening ?		<b>No</b>	
Osteopathic Manipulation?	<b>No</b>	IV Hydration treatment?		<b>No</b>	
Cardiac Stress Test?	<b>No</b>	Physical Therapy?		<b>No</b>	
Treadmill?					
Is anesthesia administered in your office ?	<b>No</b>	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?	<b>No</b>				
<b>General Information :</b>					
Confirmed Date :	<b>3/23/2024</b>				
Office Type :	<b>Other Practice</b>	Providers's Start Date :		<b>3/1/2024</b>	
Do you practice at this location?:	<b>Yes, I practice at this location</b>				
Please Explain:	<b>I see patients by appointment at least one day per week on a regular basis</b>				
Provider Directory Classification :					
Specialty :	<b>Social Worker, Clinical</b>	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 :	<b>Confidant Providers, LLC</b>				
Street 1 :	<b>1266 E Main St Ste 700R</b>				
Street 2 :		Country :		<b>United States</b>	
City :	<b>Stamford</b>	State :		<b>CT</b>	
County :		Province :			
Zip Code :	<b>06902-3507</b>	Email Address :			
Can general correspondence be sent to this location?		Practice Location Website			
Appointment Scheduling Website					
<b>Mailing Address :</b>					
Street1 :		Street2 :			
City :		State :			
County :		Province :			
Country :		Zip Code :			
Type of Practice :					
Do you have an organization (Type 2) NPI? :	<b>Yes</b>	Organization (Type 2) NPI :		<b>1336761691</b>	
Group Medicaid Number :		Group Medicare Number :			

Phone Numbers :

Appointment Phone Number :203-747-8696

Phone Extension :

Fax Number :

Back Office Phone Number :

Phone Coverage :

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

Phone Coverage Type :

Tax Information :

Practice Name as it appears on the W-9 :

Tax ID :850921402

Type of Tax ID :Group

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

Start Time :None

End Time :None

Tuesday

Start Time :None

End Time :None

Wednesday

Start Time :None

End Time :None

Thursday

Start Time :None

End Time :None

Friday

Start Time :None

End Time :None

Saturday

Start Time :None

End Time :None

Sunday

Start Time :None

End Time :None

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?No

Do you accept new Medicare patients at this location?No

Do you accept new Medicaid patients at this location?No

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 ?Yes

If Yes, please provide explanation below :I am in the process of credentialing with multiple payors.

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location?

Office Manager or Business Staff Contact :

First Name :John

Last Name :Dolores

Middle Name :

Suffix :

Phone Number :

Fax Number :

E-mail Address :contracting@confidanthhealth.com

Is Office Manager Credentialing Contact ?Yes

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Check Payable to :

Practice Limitations and Patient Populations :

Are there any Practice Limitations ?No

Gender Limitations :

Are there any Age Limitations? :

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

No

Does this office provide handicapped accessibility ?

No

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

No

Restroom

No

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?

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

Secure Text Messaging :

No

Remote Monitoring :

No

Store-and-Forward :

No

Are you willing and able to support family caregivers?

No

Services :

Does this location provide any of the following services:

Laboratory Services? :

No

Accrediting/Certifying Program :

Radiology Services :

No

X-ray?

No

X-Ray Certification Type :

EKG Services?

No

Care of Minor Lacerations?

No

Pulmonary Function testing?

No

Allergy Injections :

No

Allergy Skin Testing :

No

Office Gynecology?

No

Drawing Blood?

No

Asthma Treatment?

No

Age Appropriate Immunizations?

No

Flexible Sigmoidoscopy?

No

Tympanometry/Audiometry Screening ?

No

Osteopathic Manipulation?

No

IV Hydration treatment?

No

Cardiac Stress Test?

No

Physical Therapy?

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

No

## Archived Locations

Confirmed Date :	9/28/2023		
Office Type :	Other Practice	Providers's Start Date :	2/13/2023
Do you practice at this location?:	No, I do not practice here		
Please Explain:	I no longer practice at this location		
End Date :	8/4/2023		
Provider Directory Classification :			
Specialty :	Social Worker, Clinical	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 :	Hartford HealthCare Medical Group Specialists, LLC		
Street 1 :	1060 Day Hill Rd Ste 203		
Street 2 :		Country :	United States
City :	Windsor	State :	CT
County :		Province :	
Zip Code :	06095-5720	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :	1290 Silas Deane Hwy	Street2 :	Hartford Healthcare-CVO
City :	Wethersfield	State :	CT
County :		Province :	
Country :		Zip Code :	06109-4337
Type of Practice :			
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1023584216
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	860-696-2450	Phone Extention :	
Fax Number :	860-696-2460		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7 day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	371911194	Type of Tax ID :	Group
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			
Start Time :	None	End Time :	None
Tuesday			
Start Time :	None	End Time :	None
Wednesday			
Start Time :	None	End Time :	None
Thursday			
Start Time :	None	End Time :	None
Friday			
Start Time :	None	End Time :	None
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	No		
Do you accept existing patients with change of payor at this location?	No		
Do you accept all new patients at this location?	No		
Do you accept new Medicare patients at	No		



this location?

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

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **No**

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 :	Jennifer	Last Name :	Weir
Middle Name :		Suffix :	
Phone Number :		Fax Number :	
E-mail Address :	<a href="mailto:jennifer.weir@hhchealth.org">jennifer.weir@hhchealth.org</a>		
Is Office Manager Credentialing Contact :			

Billing Contact :

Office Manager & Billing Contact are same ?

First Name :	Director of Billing	Middle Name :	
Last Name :	Director of Billing	Street 1 :	
Billing Company Name :		City :	
Street 2 :		Province :	
State:		Zip Code :	
Country :		Fax Number :	860-972-7040
Phone Number :	860-545-7500		
E-mail Address :	<a href="mailto:RevCycleCorrespondence@hhchealth.org">RevCycleCorrespondence@hhchealth.org</a>		

Payment and Remittance :

Billing department name :	Check Payable to :	Hartford HealthCare Medical Group Specialists, LLC
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Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

First Name :	Hartford HealthCare Medical Group Specialists, LLC	Middle Name :	
Last Name :		Street 1 :	P.O. Box 844327
Street 2 :		City :	Boston
State:	MA	Province :	
Country :		Zip Code :	02284
Phone Number :	860-545-7500		
Fax Number :	860-972-7040	E-mail Address :	<a href="mailto:RevCycleCorrespondence@hhchealth.org">RevCycleCorrespondence@hhchealth.org</a>

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

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	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes

Other Handicapped Access :

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

Provider Name : Gilbert Coretta		Provider CAQH ID : 14599685		Attestation Date : 03/23/2024	
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?				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:					
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?					
Telehealth Service Type:					
Audio :		No		Audio/Video :	
Secure Text Messaging :		No		Remote Monitoring :	
Store-and-Forward :		No		No	
Are you willing and able to support family caregivers?		No			
Services :					
Does this location provide any of the following services:					
Laboratory Services? :		No		Accrediting/Certifying Program :	
Radiology Services :		No		X-ray?	
X-Ray Certification Type :				EKG Services?	
Care of Minor Lacerations?		No		Pulmonary Function testing?	
Allergy Injections :		No		Allergy Skin Testing :	
Office Gynecology?		No			
Drawing Blood?		No			
Asthma Treatment?		No		Age Appropriate Immunizations?	
Flexible Sigmoidoscopy?		No		Tympanometry/Audiometry Screening ?	
Osteopathic Manipulation?		No		IV Hydration treatment?	
Cardiac Stress Test?		No		Physical Therapy?	
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			
General Information :					
Confirmed Date :		9/28/2023			
Office Type :		Other Practice		Providers's Start Date :	
Do you practice at this location?:		No, I do not practice here		2/13/2023	
Please Explain:		I no longer practice at this location			
End Date :		8/4/2023			
Provider Directory Classification :					
Specialty :		Social Worker, Clinical		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 :		Hartford HealthCare Medical Group Specialists, LLC			
Street 1 :		74 Mack St			
Street 2 :				Country :	
City :		Windsor		State :	
				United States CT	



Provider Name : Gilbert Coretta		Provider CAQH ID : 14599685		Attestation Date : 03/23/2024	
Middle Name :		Suffix :			
Phone Number :		Fax Number :			
E-mail Address :		<a href="mailto:jennifer.weir@hhchealth.org">jennifer.weir@hhchealth.org</a>			
Is Office Manager Credentialing Contact :					
<b>Billing Contact :</b>					
Office Manager & Billing Contact are same ?					
First Name :		Director of Billing		Middle Name :	
Last Name :		Director of Billing		Street 1 :	
Billing Company Name :					
Street 2 :				City :	
State:				Province :	
Country :				Zip Code :	
Phone Number :		860-545-7500		Fax Number :	
E-mail Address :		<a href="mailto:RevCycleCorrespondence@hhchealth.org">RevCycleCorrespondence@hhchealth.org</a>		860-972-7040	
<b>Payment and Remittance :</b>					
Billing department name :		Check Payable to :		Hartford HealthCare Medical Group Specialists, LLC	
Electronic billing capabilities ?					
Office Manager & Payee Contact are same ?					
First Name :		Hartford HealthCare Medical Group Specialists, LLC		Middle Name :	
Last Name :				Street 1 :	
Street 2 :				P.O. Box 844327	
State:		MA		City :	
Country :				Boston	
Phone Number :		860-545-7500		Province :	
Fax Number :		860-972-7040		Zip Code :	
				02284-4327	
				E-mail Address :	
				<a href="mailto:RevCycleCorrespondence@hhchealth.org">RevCycleCorrespondence@hhchealth.org</a>	
<b>Practice Limitations and Patient Populations :</b>					
Are there any Practice Limitations ?		No			
Gender Limitations :					
Are there any Age Limitations? :					
Other Limitations :					
<b>Accessibility :</b>					
Does this office meet ADA accessibility requirements ?		Yes			
Does this office provide handicapped accessibility ?		Yes			
<b>Please specify how this location meets handicapped accessibility requirements:</b>					
Exterior Building		Yes			
Interior Building		Yes			
Wheelchair access to exam room		Yes			
Exam table/scale/chair		No			
Gurneys & Stretchers		No			
Portable Lifts		No			
Radiologic Equipment		No			
Signage & documents		Yes			
Parking		Yes			
Restroom		Yes			
Other Handicapped Access :					
Does this office have other services for the disabled ?		No			
<b>Please specify other services for the disabled:</b>					
Text Telephony (TTL) :		No			
American Sign Language :		No			
Mental/Physical Impairment Services :		No			
Other Disability Services :					
Is this office accessible by public transportation ?		No			
<b>Please specify how this office is accessible by public transportation:</b>					
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:

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

Telehealth Service Type:

Audio :No

Secure Text Messaging :No

Store-and-Forward :No

Are you willing and able to support family caregivers?No

Services :

Does this location provide any of the following services:

Laboratory Services? :No

Radiology Services :No

X-Ray Certification Type :No

Care of Minor Lacerations?No

Allergy Injections :No

Office Gynecology?No

Drawing Blood?No

Asthma Treatment?No

Flexible Sigmoidoscopy?No

Osteopathic Manipulation?No

Cardiac Stress Test?No

Treadmill?No

Is anesthesia administered in your office ?No

Anesthesia Administered by First Name :

Other Services :

Special Skills By The Practitioner :No

Non-English language spoken by office personnel :No

Employee Type :No

Do you have any interpreters at this location?No

Audio/Video :No

Remote Monitoring :No

Accrediting/Certifying Program :No

X-ray?No

EKG Services?No

Pulmonary Function testing?No

Allergy Skin Testing :No

Age Appropriate Immunizations?No

Tympanometry/Audiometry Screening ?No

IV Hydration treatment?No

Physical Therapy?No

What class/category of anesthesia is used ?

Anesthesia Administered by Last Name :

Special Skills By The Staff :

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 :Coretta

Last Name :Gilbert

Street 2 :

State :CT

Country :United States

Phone Number :860-881-6436

Email Address :piecetopeace.services@gmail.com

Primary Credentialing Contact :No

Location Type :PracticeLocation

First Name :John

Last Name :Dolores

Street 2 :PH 207

State :DC

Country :United States

Phone Number :916-385-4849

Email Address :contracting@confidanthhealth.com

Primary Credentialing Contact :Yes

Location Type :PracticeLocation

Middle Name :

Street 1 :51 Park Avenue

City :Bloomfield

Zip Code :06002

Province :

Fax Number :

Location :Piece to Peace, LLC

Middle Name :

Street 1 :3030 K St NW

City :Washington

Zip Code :20007-5104

Province :

Fax Number :

Location :Confidant Providers, LLC

INSURANCE INFORMATION

Policy Number :0684396532

Covered Practice Locations :Piece to Peace, LLC

Original Effective Date :

Current Effective Date :02/01/2024

Current Expiration Date :02/01/2025

Carrier/Self Insured Name :Healthcare Providers Service Organization

Street 1 :159 East County Line Road

City :Hatboro

State :PA

Zip Code :

Phone Extension :

Do you have unlimited coverage with this No

Street 2 :

Province :

Country :

Phone Number :

Fax Number :

insurance carrier?			
Type of coverage :	Individual		
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 :	Yes		
Self-Insured?	Yes		
Policy Number :	0684396532		
Covered Practice Locations :	Piece to Peace, LLC		
Original Effective Date :			
Current Effective Date :	02/01/2023		
Current Expiration Date :	02/01/2024		
Carrier/Self Insured Name :	Healthcare Providers Service Organization		
Street 1 :	159 East County Line Road	Street 2 :	
City :	Hatboro	Province :	
State :	PA	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Do you have unlimited coverage with this insurance carrier?		No	

Type of coverage :			
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?			
Individual Coverage :	Yes		
Self-Insured?	Yes		
Policy Number :	0684396532		
Covered Practice Locations :	Piece to Peace, LLC		
Original Effective Date :	02/01/2022		
Current Effective Date :	02/01/2022		
Current Expiration Date :	02/01/2023		
Carrier/Self Insured Name :	Healthcare Providers Service Organization		
Street 1 :	1100 Virginia Drive, Suite 250	Street 2 :	
City :	Fort Washington	Province :	
State :	PA	Country :	United States
Zip Code :	19034	Phone Number :	
Phone Extension :		Fax Number :	
Do you have unlimited coverage with this insurance carrier?		No	

Type of coverage :			
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 :	Yes		
Self-Insured?	Yes		
Policy Number :	0684396532		
Covered Practice Locations :	Piece to Peace, LLC		
Original Effective Date :	02/01/2020		
Current Effective Date :	02/01/2021		
Current Expiration Date :	02/01/2022		
Carrier/Self Insured Name :	Healthcare Providers Service Organization		
Street 1 :	159 East County Line Road	Street 2 :	
City :	Hatboro	Province :	
State :	PA	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Do you have unlimited coverage with this insurance carrier?		No	

Type of coverage :			
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 :	Yes		
Self-Insured?	Yes		
Policy Number :	684396532		
Covered Practice Locations :			
Original Effective Date :	02/01/2020		
Current Effective Date :	02/01/2020		
Current Expiration Date :	02/01/2021		
Carrier/Self Insured Name :	Piece to Peace, LLC		
Street 1 :	51 Park Avenue	Street 2 :	
City :	Bloomfield	Province :	

Provider Name : Gilbert Coretta		Provider CAQH ID : 14599685		Attestation Date : 03/23/2024	
State :	CT	Country :	United States		
Zip Code :	06002	Phone Number :	860-881-6436		
Phone Extension :		Fax Number :			
Do you have unlimited coverage with this insurance carrier?	No				
Type of coverage :					
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 :	Yes				
Self-Insured?	Yes				

WORK HISTORY INFORMATION					
Employment Information Record					
Practice/Employer Name :	Elevance Health	Department :			
Street 1 :	500 Enterprise Drive	Street 2 :			
Country :	United States				
City :	Rocky Hill	State :	CT		
Province :		Zip Code :	06067		
Phone Number :		Phone Extension :			
Fax Number :					
Start Date :	08/2023				
Is this your current employer?	Yes				
Practice/Employer Name :	Hartford HealthCare Medical Group Specialists	Department :			
Street 1 :	1060 Day Hill Road	Street 2 :	Suite 203		
Country :	United States				
City :	Windsor	State :	CT		
Province :		Zip Code :	06095-1339		
Phone Number :		Phone Extension :			
Fax Number :					
Start Date :	02/2023				
Is this your current employer?	No				
End Date :	08/2023	Reason for departure :	New position through Elevance		
Practice/Employer Name :	Centene Corporation	Department :	Remote Licensed Clinical Social Worker		
Street 1 :	51 Park Avenue	Street 2 :			
Country :	United States				
City :	Bloomfield	State :	CT		
Province :		Zip Code :	06002		
Phone Number :		Phone Extension :			
Fax Number :					
Start Date :	04/2022				
Is this your current employer?	No				
End Date :	02/2023	Reason for departure :	Offered new poition through HHC		
Practice/Employer Name :	DaVita	Department :			
Street 1 :	675 Tower Avenue	Street 2 :			
Country :	United States				
City :	Hartford	State :	CT		
Province :		Zip Code :	06112		
Phone Number :		Phone Extension :			
Fax Number :					
Start Date :	12/2021				
Is this your current employer?	No				
End Date :	03/2022	Reason for departure :	New Opportunity		
Practice/Employer Name :	Bloomfield Leisure Services	Department :			
Street 1 :	330 Park Avenue	Street 2 :			
Country :	United States				
City :	Bloomfield	State :	CT		
Province :		Zip Code :	06002		
Phone Number :	860-242-2923	Phone Extension :			
Fax Number :					
Start Date :	11/2018				
Is this your current employer?	No				
End Date :	01/2022	Reason for departure :	New opportunity		
Practice/Employer Name :	Community Health Resources	Department :			
Street 1 :	999 Asylum Avenue	Street 2 :			
Country :	United States				
City :	Hartford	State :	CT		
Province :		Zip Code :	06105		
Phone Number :		Phone Extension :			
Fax Number :					
Start Date :	06/2017				
Is this your current employer?	No				
End Date :	11/2021	Reason for departure :	New opportunity		
Practice/Employer Name :	Bloomfield Social and Youth	Department :			

Street 1 :		Street 2 :	
Country :		State :	
City :		CT	
Province :		06002	
Phone Number :		Zip Code :	
Fax Number :		Phone Extension :	
Start Date :			
Is this your current employer?			
End Date :		Reason for departure :	
		Received a full time clinical position at Community Health Resources.	
Employment Gap Record :			
Start Date:		End Date:	
Gap Explanation:		05/2017	
Start Date:		05/2017	
Gap Explanation:			
Start Date:		05/2016	
Gap Explanation:			
Military :			
Are you currently on active military duty?		Are you currently in the Reserves or National Guard?	
No		No	

REFERENCES INFORMATION

Provider Type :		Clinical Social Worker	
First Name :		Abigail	
Last Name :		Collins	
Street 1 :		Street 2 :	
City:		State :	
Province :		CT	
Country :		Zip Code :	
Phone Number :		Email Address :	
Fax Number :		06095	
		abigail.morales4@yahoo.com	

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 reapplied 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 :	



Provider Name : Gilbert Coretta	Provider CAQH ID : 14599685	Attestation Date : 03/23/2024
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	
<b>Malpractice Claims History :</b>		
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	
<b>Criminal/Civil History :</b>		
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	
<b>Ability to Perform Job :</b>		
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	