Letter of Interest Questionnaire

Complete the form in its entirety and return with a **copy of W-9 (required)** by fax 832-825-9360 or email TCHPNetworkManagemen@texaschildrens.org. Incomplete Forms will not be considered.

Today's Date:	Programs of Interest:	☐ STAR ☐ CHIP ☐ CHIP Perinate ☐ STAR Kids

Provider Type (Please check appropriate box)				
☐ PCP	☐ Specialist	☐ Hospital	☐ Ancillary (____________)	☐ Behavioral Health (Specify ____________)
☐ LTSS (Specify____________)			☐ Other (____________)	☐ Please check if you are a hospital-based provider

Provider Demographics			
Name:		License #:	License Type:
Primary Speciality:		Secondary Specialty:	
Individual NPI:	Individual TPI:		Tax ID:
Supervising Physician (if applicable):		Supervising Physician NPI:	
Is this a group practice? ☐ Yes ☐ No	Group Name:	Group TPI:	
	Group NPI:	Group Tax ID:	

Hospital Priviledges		
Do you have hospital admitting privileges?	☐ Yes	Please list:
If *no,* please explain how hospital admittance is handled?		

Provider Contact Information			
Name and Title:			
Phone:	Fax:	Email:	

Demographic/Billing Information			
Physical Address:		**Billing Address:**	
Phone:		Phone:	
Fax:		Fax:	
Days/Hours of Operation:			

Provider Service Information
What services are provided? (Check all that apply. If *other*, please list.) ☐ Children ☐ Adults ☐ Pregnant Women ☐ Other
What languages are spoken? (Check all that apply. If *other*, please list.) ☐ English ☐ Spanish ☐ Other
What type of patients are currently being seen in your office? ☐ VFC ☐ EPSDT ☐ Other
Counties served:

For Behavioral Health Providers Only	
Are home visits provided? ☐ Yes ☐ No	Are you able to schedule a patient/member within 7 days of discharge from an inpatient facility? ☐ Yes ☐ No

For Internal Use Only			
Received By:		Received Date:	
Verified NPI Attestation:	☐ Yes ☐ No	Verified TMB/OIG:	☐ Yes ☐ No
Completed By:		Completed Date:	

For providers who offer the below services to Medicaid and CHIP members, please refer to the following links/phone numbers to contract:
Pharmacy - www.navitus.com; Vision Services - Superior Vision 1-800-879-6901
Dental Services – FCL Dental 1-877-493-6282/MCNA Dental 1-800-494-6262