Texas Children's® Health Plan

The best decision a family can make.

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@tchp.us. 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