

FAX REGISTRATION FORM

FREE REGISTRATION: TEXAS CHILDREN'S HEALTH PLAN CONTRACTED PROVIDERS ONLY

Please complete and fax to: **346-232-4780.**

Online Registration: TexasChildrensHealthPlan.org/CME

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____