Texas Children's® Health Plan

The best decision a family can make.

Letter of Interest Questionnaire

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

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

Provider Type (please check appropriate box)

☐ PCP ☐ Specialist ☐ Hospital ☐ Ancillary (please specify _____)
☐ Behavioral Health (please specify _____) ☐ Other (please specify _____)
☐ Please check if you are a hospital-based provider

Provider Demographics

Name:	License #:	License Type:
Primary Specialty:	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 Privileges

Do you have hospital admitting privileges? ☐ Yes Please list?_____

_____

If no, please explain how hospital admittance is handled? _____

_____

Provider Contact Information

Name:	Title:
Phone: Fax:	Email Address:

Demographic/Billing Information

Physical Address:	Billing Address:
Phone:	Phone:
Fax:	Fax:
Days/Hours of Operation:	

Provider Service Information (check all that apply. If other, please list.)

Services provided to: ☐ Children ☐ Adults ☐ Pregnant Women ☐ Other _____

Languages spoken in office: ❑ English ❑ Spanish ☐ Other _____

Services provided: ☐ 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 contact:
Pharmacy: www.navitus.com; Vision Services – Superior Vision 800-879-6901
Dental Services – FCL Dental 877-493-6282 / MCNA Dental 800-494-6262