



DRISCOLL HEALTH PLAN

To contract with Driscoll Health Plan, please complete the following form and fax to: (361) 653-7850. Upon receipt of completed form, the Contracting Department will draft a contract and make available to you via e-mail or fax for your review and signature along with additional instructions. You may add additional pages to provide all other places of service. DHP looks forward to working with you!

Request for Contract

Date of Request: _____ Requested by: _____ Title: _____
 Requestor's Phone No. _____ Email: _____

MAIN PROVIDER INFORMATION

Provider Name: _____ Group Name: _____
 Tax ID: _____ Group NPI: _____ Group TPI: _____
 Specialty: _____ Taxonomy: _____
 Individual TPI: _____ Individual NPI: _____ S.S. No. _____
 CAQH No: _____

Physical Address (POS): Primary Place of Service, (POS)

 City, _____ State _____ Zip _____
 Phone: _____
 Fax: _____

Billing Address: (Must be a Physical Address) (Different from Billing Co.)

 City, _____ State _____ Zip _____
 Phone: _____
 Fax: _____

Mailing Address:

 City, _____ State _____ Zip _____
 Phone: _____
 Fax: _____

Pay To Address:

 City, _____ State _____ Zip _____
 Phone: _____
 Fax: _____

FOR OFFICE USE ONLY

- W-9
- Texas License and Liability Insurance
- TMHP Attestation
- Credentialing Application
- CAQH
- New Provider Check List
- EFT

Credentialing Rep: _____
 Credentialing Date: _____
 Type Contract:
 Ancillary Group Individual IPA PHO RHC
 FQHC
 Other: _____

Providers please Note: The credentialing process ranges from 60 to 90 days. In some instances it may take up to 180 days.