

Request for Contract

To contract and credential with Driscoll Health Plan, please complete the following form and email to: DHPContracting@Dchstx.org. Upon receipt of this request form, DHP will notify Aperture (CVO) to initiate the credentialing process with your completed credentialing application on CAQH or Availity. Assure that all information in CAQH or Availity is updated and required documents are current. Complete this form for all practice or facility locations. DHP looks forward to working with you! Note: Providers must be enrolled in Texas Medicaid and have an active NPI before submission of this request.

Date of Request: _____ Requested by: _____ Title: _____	
Requestor's Phone: _____ Email: _____	
MAIN PROVIDER INFORMATION	
Provider Name: _____ Group Name: _____ Tax ID: _____ Group NPI: _____ Specialty: _____ Taxonomy: _____ Individual NPI: _____ S.S. No. _____ CAQH No: _____ Provider DOB: _____ Website: _____	
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 DHP OFFICE USE ONLY	
☐ W-9 ☐ Web Portal Agreement ☐ EFT Agreement Type Contract: ☐ Ancillary ☐ Group ☐ Individual ☐ IPA ☐ PHO ☐ RHC ☐ FQHC ☐ Facility	☐ DHP Credentialing Application Addendum ☐ Provider Disclosure Statement ☐ NPI ☐ Web Address (URL) ☐ Date to CVO

Providers please note: Upon Receipt of your signed contract proposal and "Completed" Credentialing file from Aperture (CVO) the credentialing process can take up to 90 days.