

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: Requ	lested by:	Title:	
Requestor's Phone:	Email:		
MAIN PROVIDER INFORMATION			
Provider Name: Tax ID: Specialty: Individual NPI: CAQH No: Provider DO Physical Address (POS): Primary Place of S (POS)	Group NPI: Taxonomy: S.S. No OB: Website: Gervice, Billing Address: (different from Bi	Must be a Physical Ac Illing Co.)	ddress/
City:State:Zip Phone:Fax:		State: Fax:	
Mailing Address:	Pay to Address:	1 dx	
City,Zip	o City,	State	_Zip
Phone:Fax:	Phone:	Fax:	
FOR DHP OFFICE USE ONLY			
 □ W-9 □ Web Portal Agreement □ EFT Agreement Type Contract: □ Ancillary □ Group □ Individual □ IPA □ □ RHC □ FQHC □ Facility 	Provider Disc NPI Web Address Data to CVO	ialing Application Add losure Statement s (URL)	endum

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.