

Request to Credential New Provider to Existing Group

To credential a new provider to an existing group 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 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: Re	Requested by:_		Title:	
Requestor's Phone:	Email:_			
MAIN PROVIDER INFORMATION				
Provider Name: Group Name:				
Tax ID:Gro		oup NPI:		
Specialty:Ta		axonomy:		
ndividual NPI:S.S		S. No		
CAQH No: Provider DOB:		Website:		
Physical Address (POS): Primary Place of Service, (POS)		Billing Address: (N different from Billi	•	Address/
City: State: Z		City:Phone:		
Mailing Address:		Pay to Address:		
City,State	Zip	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	A □ PHO	☐ DHP Credentia☐ Provider Disclo☐ NPI☐ Web Address (☐ Date to CVO		ddendum

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.