



DRISCOLL HEALTH PLAN

To contract and credential with Driscoll Health Plan, please complete the following form and fax to: (361) 881-1349. 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 current. Complete this form for all practice or facility locations. 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: _____ Provider Date of Birth _____

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/TPI
- 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.