

To credential a new provider to an existing group with Driscoll Health Plan, please complete the following form and e-mail 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 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 TPI before submission of this request.

Request to Credential New Provider to Existing Group

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 _____ Web Address _____

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
- 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.