

Section 1 Instructions: Please complete all fields below for the provider

Entity Name (as written on W9):		Product Type: CHIP		CHIP Perinatal	
IPA name (if applicable):		DSNP		MMP	
Name Doing Business As (if applicable):		STAR		STAR+PLUS	
Billing Type: UB-04/Institutional	CMS-1500/Professional	W-9 TIN/EIN (nine characters):	Medicare ID:	State Medicaid ID:	
Primary Contact Name:		Primary Contact Email:		Primary Contact Phone:	

	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	Telephone (with Area Code)
Pay to Address						
Recoveries Address <i>Same as Pay To Address</i>						
Organization Website:						

Section 2 Instructions: Please complete each section below for all locations including applicable NPI or Atypical ID information.

Practice Location #	Group / Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
1 <i>Main Location</i>									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Prescribed Extended Care Center: Y N

Pediatric Services: Y N

24 Hour Pharmacy: Y N

Both Pharmacy & DME: Y N

Private Duty Nursing: Y N

Languages Spoken:

English Arabic French

Hindi Korean Spanish

Tagalog Urdu West African

Other (please list):

Regions(s): Bexar Dallas El Paso Harris Jefferson Northeast Tarrant

Practice Location 1 — Office Hours					
Day	No Set Hours			Start	End
Monday	Closed	Open 24 Hours	By Appointment Only		
Tuesday	Closed	Open 24 Hours	By Appointment Only		
Wednesday	Closed	Open 24 Hours	By Appointment Only		
Thursday	Closed	Open 24 Hours	By Appointment Only		
Friday	Closed	Open 24 Hours	By Appointment Only		
Saturday	Closed	Open 24 Hours	By Appointment Only		
Sunday	Closed	Open 24 Hours	By Appointment Only		



Practice Location #	Group/Facility Name (as appearing in provider directory)	Address Line 1	Address Line 1	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
2									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Prescribed Extended Care Center: Y N

Pediatric Services: Y N

24 Hour Pharmacy: Y N

Both Pharmacy & DME: Y N

Private Duty Nursing: Y N

Languages Spoken:

English Arabic French
Hindi Korean Spanish
Tagalog Urdu West African
Other (please list):

Regions(s): Bexar Dallas El Paso Harris Jefferson Northeast Tarrant

Practice Location 1 — Office Hours					
Day	No Set Hours			Start	End
Monday	Closed	Open 24 Hours	By Appointment Only		
Tuesday	Closed	Open 24 Hours	By Appointment Only		
Wednesday	Closed	Open 24 Hours	By Appointment Only		
Thursday	Closed	Open 24 Hours	By Appointment Only		
Friday	Closed	Open 24 Hours	By Appointment Only		
Saturday	Closed	Open 24 Hours	By Appointment Only		
Sunday	Closed	Open 24 Hours	By Appointment Only		

Practice Location #	Group/Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
3									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Prescribed Extended Care Center: Y N

Pediatric Services: Y N

24 Hour Pharmacy: Y N

Both Pharmacy & DME: Y N

Private Duty Nursing: Y N

Languages Spoken:

English Arabic French
Hindi Korean Spanish
Tagalog Urdu West African
Other (please list):

Regions(s): Bexar Dallas El Paso Harris Jefferson Northeast Tarrant

Practice Location 1 — Office Hours					
Day	No Set Hours			Start	End
Monday	Closed	Open 24 Hours	By Appointment Only		
Tuesday	Closed	Open 24 Hours	By Appointment Only		
Wednesday	Closed	Open 24 Hours	By Appointment Only		
Thursday	Closed	Open 24 Hours	By Appointment Only		
Friday	Closed	Open 24 Hours	By Appointment Only		
Saturday	Closed	Open 24 Hours	By Appointment Only		
Sunday	Closed	Open 24 Hours	By Appointment Only		



Practice Location #	Group/Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
4									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Prescribed Extended Care Center: Y N

Pediatric Services: Y N

24 Hour Pharmacy: Y N

Both Pharmacy & DME: Y N

Private Duty Nursing: Y N

Languages Spoken:

English Arabic French
Hindi Korean Spanish
Tagalog Urdu West African
Other (please list):

Regions(s): Bexar Dallas El Paso Harris Jefferson Northeast Tarrant

Practice Location 4 — Office Hours

Day	No Set Hours			Start	End
Monday	Closed	Open 24 Hours	By Appointment Only		
Tuesday	Closed	Open 24 Hours	By Appointment Only		
Wednesday	Closed	Open 24 Hours	By Appointment Only		
Thursday	Closed	Open 24 Hours	By Appointment Only		
Friday	Closed	Open 24 Hours	By Appointment Only		
Saturday	Closed	Open 24 Hours	By Appointment Only		
Sunday	Closed	Open 24 Hours	By Appointment Only		

Practice Location #	Group/Facility Name (as appearing in provider directory)	Address Line 1	Address Line 2	City	State	ZIP + 4 Digits	County	Fax (with Area Code)	Telephone (with Area Code)
5									

Group NPI / Atypical ID:

Taxonomy Code:

CLIA ID:

CHIP / PROVIDER ID:

CHIP Practice Limitations:

Prescribed Extended Care Center: Y N

Pediatric Services: Y N

24 Hour Pharmacy: Y N

Both Pharmacy & DME: Y N

Private Duty Nursing: Y N

Languages Spoken:

English Arabic French
Hindi Korean Spanish
Tagalog Urdu West African
Other (please list):

Regions(s): Bexar Dallas El Paso Harris Jefferson Northeast Tarrant

Practice Location 5 — Office Hours

Day	No Set Hours			Start	End
Monday	Closed	Open 24 Hours	By Appointment Only		
Tuesday	Closed	Open 24 Hours	By Appointment Only		
Wednesday	Closed	Open 24 Hours	By Appointment Only		
Thursday	Closed	Open 24 Hours	By Appointment Only		
Friday	Closed	Open 24 Hours	By Appointment Only		
Saturday	Closed	Open 24 Hours	By Appointment Only		
Sunday	Closed	Open 24 Hours	By Appointment Only		


Section 3 Instructions: Please indicate ADA compliance for each location, as appropriate.

ADA Compliance	Group Locations					
Blind/ Visually Impaired (ADA5)	All	1	2	3	4	5
Cognitively Disabled (ADA6)	All	1	2	3	4	5
Deaf or Hard of Hearing (ADA7)	All	1	2	3	4	5
Examination Rooms - Compliant Access (ADA3)	All	1	2	3	4	5

ADA Compliance	Group Locations					
Handicap Accessible Medical Equipment (ADA4)	All	1	2	3	4	5
Rest Rooms - Compliant Access (ADA2)	All	1	2	3	4	5
Service Location - Compliant Access (ADA1)	All	1	2	3	4	5

Section 4 instructions: Please complete all fields below by selecting which service(s) are provided at each location and ages served.

Habilitative and Rehabilitative Services

Service	Locations					
Cardiac Rehabilitation	All	1	2	3	4	5
Physical Therapy	All	1	2	3	4	5

Imaging

Imaging Center	All	1	2	3	4	5
Mammography	All	1	2	3	4	5
Radiology Service Available	All	1	2	3	4	5
Ultrasound	All	1	2	3	4	5

Home Health Services (Clinical)

Home Health Care – Adult	All	1	2	3	4	5
Home Health Care – Pediatric	All	1	2	3	4	5
Home Infusion Services – Adult	All	1	2	3	4	5
Home Infusion Services - Pediatric	All	1	2	3	4	5

Transportation

Ambulance Services	All	1	2	3	4	5
Non-Emergency Medical Transportation	All	1	2	3	4	5

Teleservices

Telehealth (Behavioral Health/Psych)	All	1	2	3	4	5
Telemedicine (Medical)	All	1	2	3	4	5
Telemonitoring (Hospital, Hospice, Home Health Agency, etc)	All	1	2	3	4	5

Home Care Services (Non-Clinical)

Service	Locations					
Home and Vehicle Modifications	All	1	2	3	4	5
Home Delivered Meals	All	1	2	3	4	5
Home Modification	All	1	2	3	4	5
Personal Care Services - Non-Skilled	All	1	2	3	4	5
Personal Care Services - Skilled	All	1	2	3	4	5
Personal Emergency Response System (PERS)	All	1	2	3	4	5
Respite Care – In Home	All	1	2	3	4	5
Respite Care - Institutional	All	1	2	3	4	5

Medical Therapies

Chemotherapy	All	1	2	3	4	5
Hemodialysis	All	1	2	3	4	5
IV Outpatient Services	All	1	2	3	4	5
Peritoneal Dialysis	All	1	2	3	4	5

Sleep Testing

In Center Sleep Testing	All	1	2	3	4	5
In Home Sleep Testing	All	1	2	3	4	5



Community First Choice (CFC) Program							
Service	Locations						
Emergency Response Services	All	1	2	3	4	5	
Habilitation Services	All	1	2	3	4	5	
Personal Assistance Services	All	1	2	3	4	5	
Support Management	All	1	2	3	4	5	

Long Term Supports & Services (LTSS)

Adaptive Aids and Medical Supplies	All	1	2	3	4	5	
Adult Foster Care	All	1	2	3	4	5	
Consumer Directed Services (CDS)	All	1	2	3	4	5	
Day Activity & Health Services (DAHS)	All	1	2	3	4	5	
Durable Medical Equipment & Supplies (DME)	All	1	2	3	4	5	
Employment Assistance	All	1	2	3	4	5	
Habilitation	All	1	2	3	4	5	
Hospice	All	1	2	3	4	5	
Infusion Therapy	All	1	2	3	4	5	
In-Home Skilled Nursing Care	All	1	2	3	4	5	
Intermediate Care Facility	All	1	2	3	4	5	
Nursing Home	All	1	2	3	4	5	
Occupational Therapy, Outpatient/facility setting	All	1	2	3	4	5	
Occupational Therapy, in-home	All	1	2	3	4	5	
Personal Assistant Services (PAS)	All	1	2	3	4	5	
Physical Therapy, outpatient/facility setting	All	1	2	3	4	5	
Physical Therapy, in-home	All	1	2	3	4	5	

Please add any unlisted services below and indicate age range and location.

Unlisted Services	Locations						
	All	1	2	3	4	5	

Long Term Supports & Services (LTSS)...continued							
Locations	Locations						
Protective Supervision	All	1	2	3	4	5	
Speech Therapy/Language Pathology Services,outpatient/facility setting	All	1	2	3	4	5	
Speech Therapy/Language Pathology Services, in-home	All	1	2	3	4	5	
Supported Employment	All	1	2	3	4	5	
Transitional Assistance Services (TAS)	All	1	2	3	4	5	
Vocational Training	All	1	2	3	4	5	

Transplants

Transplant – Heart	All	1	2	3	4	5	
Transplant – Intestinal	All	1	2	3	4	5	
Transplant – Kidney	All	1	2	3	4	5	
Transplant – Liver	All	1	2	3	4	5	
Transplant – Lung	All	1	2	3	4	5	
Transplant – Pancreas	All	1	2	3	4	5	

Miscellaneous Services

Durable Medical Equipment	All	1	2	3	4	5	
Family Planning Services	All	1	2	3	4	5	
Laboratory Services Available	All	1	2	3	4	5	
Nutritional Counseling	All	1	2	3	4	5	
Orthotics and Prosthetics	All	1	2	3	4	5	
School Based Clinic	All	1	2	3	4	5	
Care Management Services	All	1	2	3	4	5	

Unlisted Services	Locations						
	All	1	2	3	4	5	



Section 5 Instructions: Please complete all fields below, including practice location number(s) for each practitioner. See Section 2 for corresponding location number. If you have more than 6 practitioners, please attach a roster with the same fields listed in this section.

Category	First Name	Last Name	MI	Degree / Title (e.g, MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location Number for Practitioner
						Secondary Specialty	Affiliated Hospital with Admitting Privileges	Age Range	
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No



Category	First Name	Last Name	MI	Degree / Title (e.g, MD, ARNP, MSW, etc.)	Gender	Primary Specialty	Taxonomy Code	Accepting New Patients?	Practice Location Number for Practitioner
						Secondary Specialty	Affiliated Hospital with Admitting Privileges	Age Range	
Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No

Specialist Hospital Based					M	Specialty 1:	Taxonomy:	Accepting New Patients? Yes No	All 3 1 4 2 5
					F	Specialty 2:	Hospital(s):	From Age ____ to ____ All Ages	

CAQH ID: Practitioner NPI/Atypical ID: Cultural Competency Training Completed? Yes No Exclude from Directory

Languages Spoken: English Arabic French Hindi Korean Spanish Tagalog Urdu West African Other (please list):

Date of Birth: Texas Health Steps Provider: Yes No