Parkland Community Health Plan

Prospective Provider Form

Thank you for your interest in becoming a Parkland Community Health Plan Provider. Please complete this form and email to PCHP.ContractingDepartment@phhs.org.

Attach a copy of Current W9 and Sample Claim.
Adding provider to an existing group? ◯ YES ◯ NO

Signatory Name	Signatory Title	Signatory Email
Requester Name	Date Requested	Requester Email

Group Name	Group TIN(s)	Group NPI(s)

Is your Practice a PCMH?	Do you have Electronic Medical Records?	Do you provide services in an outpatient setting?
◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO

Practitioner Information

First Name	Last Name	MI	Degree

Provider NPI #	Tax ID #	Social Security #	Provider Specialty	Practice as
			Choose One	◯ PCP ◯ Specialist ◯ Both

Gender	Race/Ethnicity	Taxonomy Code	DOB
◯ Male ◯ Female	Choose One		

Individual CAQH	License #	Attested with Medicaid	Language(s)
		◯ YES ◯ NO	

Appear in Directory	Age Range	Gender Restrictions	Accepting New Members
◯ YES ◯ NO		◯ Female ◯ Male ◯ None	◯ YES ◯ NO

Board Certification(s) Name and Expiration Date(s)	Panel Cap (#)	Offers Telemedicine	Hospital Based Provider
		◯ YES ◯ NO	◯ YES ◯ NO

Hospital Affiliation – List Name(s)	Hospital Admitting Privileges – List Name(s)

Provider Enrollment type per TMHP	Completed HHSC's training on Culturally Effective Health Care?
◯ Individual ◯ Group ◯ Performing Provider ◯ Facility	◯ YES ◯ NO

Physical Address / Primary Location – Additional Locations, please email PCHP.ContractingDepartment@phhs.org

Service Location Name	Service Location Website	Service Location Email

Street Address	City	State	Zip Code	County	Handicap Accessible
					◯ YES ◯ NO

Phone	Fax	Office Hours for Location Above:	☐ 24/7	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

Billing / Mailing / Remit Information – Same as Physical Address/Primary Location? ☐ Yes

Billing Name Information	Billing Type	Billing Email
	◯ CMS 1500 ◯ UB04 ◯ Both	

Street Address	City	State

Zip Code	County	Phone	Fax

Credentialing

Credentialing Contact Name	Credentialing Email	Credentialing Phone	Credentialing Address