

CHRISTUS Health Plans

PROSPECTIVE PROVIDER FORM

Please return this form with your W-9 to CHP.networkdevelopment@christushealth.org

Are you joining a Group that is already participating?
If yes, provide Group Name: _____

Networks Desired: Medicare Advantage HIX (Exchange) USFHP
Provider Type: Physician/Allied Health Ancillary Hospital PHO IPA Group

Facility/Ancillary Name: _____

Group Name _____

Last Name _____ First Name _____ MI _____ Degree _____

DBA Name _____

**Primary Service Address _____

City _____ State _____ Zip _____ County _____

Phone _____ FAX _____ ****Provide list of all additional practicing locations*

Office Contact Name: _____ E-Mail Address: _____

Primary Specialty _____ Secondary _____ Board Certification(s) Yes No

Are you located in a Medically Underserved Area (MUA) Yes No

NPI _____ Group NPI _____ Tax ID _____

Medicare # _____ CAQH # _____ Taxonomy _____

SSN# _____ DOB _____

Primary Admitting Hospital _____ Secondary Hospital _____

Covering Physician Name: _____ Specialty: _____

Address _____

Phone: _____ Email: _____

Applicants interested in network participation must meet the following qualifications:

- Have unrestricted admitting privileges at an in network participating facility. Additionally, providers practicing within 30 miles of a CHRISTUS Health facility must have admitting privileges at the CHRISTUS Health facility.
- Current, valid, unrestricted license to practice in the state in which they intend to provide services, free of sanctions, board orders, probation, restrictions and/or limitations, verified by the state licensing agency and disclose any history of loss of license or felony convictions.
- Maintain a valid and unrestricted DEA and CDS certificate issued in the state of practice for the prescription of controlled substances, where applicable to the specialty practiced.
- Board certified or have fulfilled the requirements needed to meet the time limits for certification from the specialty board of the provider's area of practice.
- Eligible to treat Medicare patients (**Required for participation in USFHP Only**)
- Not under investigation or suspension from participation in a federal or state health care program.
- Ability to meet access and availability standards and network adequacy needs
- Facility or ancillary provider, must have a current accreditation or an acceptable site visit; an appropriate licensure; a current Medicare/Medicaid certification status, current malpractice insurance coverage an acceptable malpractice history.
- **If we are unable to execute an agreement due to criteria not being met, a notification will be sent. Completing the credentialing process does not constitute participation in the health plan.**