

# CHRISTUS Health Plan

## PROSPECTIVE PROVIDER FORM

Please email to [CHP.networkdevelopment@christushealth.org](mailto:CHP.networkdevelopment@christushealth.org)

Are you joining an Existing Group Contract?  
If yes, provide Group Name: \_\_\_\_\_

Medicare  Medicaid  HIX (Exchange)  USFHP   
 Physician/Allied Health Professional  Ancillary  Hospital  PHO  IPA  Group

Organization Type: \_\_\_\_\_

Group Name \_\_\_\_\_ dba \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Degree \_\_\_\_\_

\*\*Primary Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

*\*\*Provide list of all address locations if practicing at more than one (1) location.*

Office Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Specialty \_\_\_\_\_ Board Certification(s) Yes  No

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

NPI \_\_\_\_\_ Medicaid # \_\_\_\_\_ Medicaid TPI# \_\_\_\_\_

Medicare # \_\_\_\_\_ CAQH # \_\_\_\_\_ Taxonomy \_\_\_\_\_

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/Medicaid 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.**