

CHRISTUS Health Plans

PROSPECTIVE PROVIDER FORM

Providers wishing to receive a contract for network participation, please return this completed form with your W-9 to CHP.NetworkDevelopment@CHRISTUSHealth.org. If you wish to be a USFHP participating provider you must also submit a completed [Background Release Form](#) found on our [website](#).

If you are joining a Group that is already participating, please return this form with your W-9 to your Provider Relations Representative or chp.providernetwork@christushealth.org.

Networks Desired: ☐ Medicare Advantage ☐ Healthcare Exchange ☐ Commercial ☐ US Family Health Plan

Provider Type: ☐ Physician/Allied Health ☐ Ancillary ☐ Hospital ☐ PHO ☐ IPA ☐ Group

Facility/Ancillary/Group Name: _____

DBA Name _____

Provider Last Name _____ First Name _____ MI _____ Degree _____

Primary Specialty _____ Secondary _____

Are you a Primary Care Provider (PCP)? ☐ Yes ☐ No Offer Telehealth? ☐ Yes ☐ No

Provider NPI _____ Group NPI _____ Tax ID _____ Taxonomy _____

Medicare # _____ CAQH # _____ *(please remember to update CAQH profile)*

**Primary Office/Facility Name _____

Address _____ City _____ State _____ Zip _____

County _____ Phone _____ Fax _____

****Please attach a list of all additional practicing locations and hours*

CHRISTUS Admitting Hospital _____ Privilege Type _____

Secondary Admitting Hospital _____ Privilege Type _____

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

Office Contact Name _____ E-Mail Address: _____ Phone: _____

Credentialing Contact: _____ E-Mail Address: _____ Phone: _____

PCP's Only:

Covering Physician Name: _____ Specialty: _____

Address _____ Phone: _____ Email: _____

CHRISTUS Admitting Hospital _____ Privilege Type _____

Secondary Admitting Hospital _____ Privilege Type _____

Applicants interested in network participation must meet the following qualifications:

- Admitting Providers should have unrestricted admitting privileges at an in network participating facility. Admitting providers practicing within 30 miles of a CHRISTUS Health facility must have admitting privileges at the CHRISTUS Health facility.
- Must have appropriate and unrestricted licensure and certification in the state of practice.
- Board certified or have fulfilled the requirements to meet the time limits for certification from the board of the provider's area of practice.
- Excluding Pediatric Providers, candidates must be eligible to treat Medicare patients (Required for participation in Medicare Advantage and USFHP)
- Not under investigation or suspension from participation in a federal or state health care program.
- 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.



NOTIFICATION OF APPLICANT RIGHTS

Dear Applicant:

During the Credentialing process, you have the right to:

1. Correct erroneous information identified during the Credentialing process in your application
2. Upon request, to be informed of the status of the credentialing or recredentialing application
3. Review information that you have submitted to support your credentialing application

If you have inquiries or questions during the credentialing process, please contact the CHRISTUS Health Credentialing Department at:

CHRISTUS Health Plan
US Family Health Plan
ATTN: Credentialing Department
919 Hidden Ridge
Irving, TX 75038
Phone: (469) 282-3019
FAX: (210) 766-8857
[Email: christus.hp.credentialing@christushealth.org](mailto:christus.hp.credentialing@christushealth.org)