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? ◯ YES ◯ NO	Do you have Electronic Medical Records? ◯ YES ◯ NO	Do you provide services in an outpatient setting? ◯ YES ◯ NO

Practitioner Information

First Name	Last Name	MI	Degree
Provider NPI # / Tax ID #	Social Security #	Provider Specialty: Choose One	Practice as ◯ PCP ◯ Specialist ◯ Both
Gender ◯ Male ◯ Female	Race/Ethnicity: Choose One	Taxonomy Code	DOB
Individual CAQH	License #	Attested with Medicaid ◯ YES ◯ NO	Language(s)
Appear in Directory ◯ YES ◯ NO	Age Range	Gender Restrictions ◯ Female ◯ Male ◯ None	Accepting New Members ◯ YES ◯ NO
Board Certifications	Panel Cap (#)	Offers Telemedicine ◯ YES ◯ NO	Hospital Based Provider ◯ YES ◯ NO
Hospital Affiliation – List Name(s)	Hospital Admitting Privileges – List Name(s)		
Provider Enrollment type per TMHP ◯ Individual ◯ Group ◯ Performing Provider ◯ Facility	Completed HHSC's training on Culturally Effective Health Care? ◯ 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	State	Zip Code	County	Handicap Accessible ◯ YES ◯ NO			
Office Hours for Location Above: ☐ 24/7	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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

Billing Name Information	Billing Type ◯ CMS 1500 ◯ UB04 ◯ Both	Billing Email
Street Address	City	State
Zip Code / County	Phone	Fax

Credentialing

Credentialing Contact Name	Credentialing Email	Credentialing Phone	Credentialing Address