

Please complete the Letter of Interest Questionnaire for each provider and return to Network Development by fax 682-885-8403 or email CCHPNetworkDevelopment@cookchildrens.org.

A current W-9 form must be included with this form for processing.

Provider Information

Organization Name: _____
 Type of Services Provided: _____
 Last Name: _____ First Name: _____
 Date of Birth: _____ NPI or API: _____ TPI: _____
 CAQH Number: _____
 Primary Speciality: _____ Secondary Specialty: _____
 Board Certified: Yes No If No, Completion Date of Residency: _____
 Hospital Privileges: _____
 Physician(s) for call coverage: _____

Practice Information

Facility Group Individual
 Practice Name: _____
 Practice Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Fax: _____
 Tax ID: _____ NPI or API: _____ TPI: _____
 Contact Name: _____ Contact Phone: _____
 Contact Email: _____

Mailing Information

Mailing Name: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____

Credentialing Information

Contact Name: _____ Title: _____
 Phone: _____ Fax: _____
 Contact Email: _____

Office Information

Panel status: Open Closed Existing only
 Age restrictions: Yes No If yes, please explain _____
 Do you treat: Children Adults Pregnant Women
 Patients gender: Male Female Both
 Directory print: Yes No
 Languages spoken: _____ Interpreter Provider/Staff
 Office hours: _____ Extended hours: _____ Handicap accessible: Yes No
 Completed Cultural Competency Training Yes No
 Fax or Email Attestation to Network Development

Office Information

If you are a PCP do you provide EPSDT (Texas Health Steps) Services? Yes No

Are you contracted with and Electronic Visit Verification (EVV) vendor?

Yes No If yes, please list vendor name: _____

Do you provide: Telehealth Tele-monitoring Telemedicine


Long Term Services and Supports (LTSS)

- Adaptive Aides / Medical Equipment (DME)
- Adult Day Care/Day Activity and Health Services
- Adult Foster Care
- Assisted Living/Residential Care/Group Home
- Emergency Response System
- Employment Assistance
- Flexible Family Support Services
- Financial Management Service (FI) (CDS)
- Habilitation (PAS/HAB) (CFC)
- Home & Community Support Services (HCSSA)
- Home Delivered Meals
- Hospice
- Medically Dependent Children Program (MDCP)
- Minor Home Mods
- Nursing Facility
- Occupational Therapy
- Personal Assistance Services (CFC)
- Personal Assistance Services/Personal Care Services/Attendant Care/Primary Home Care (Agency Model)
- Personal Assistance Services/Personal Care Services/Attendant Care/Primary Home (Service Responsibility Option)
- Prescribed Pediatric Extended Care Centers (PPECC)
- Physical Therapy
- Private Duty Nursing (PDN)
- Respite Care (In Home)-Personal Assistance Service
- Respite Care (In Home)-Nursing
- Respite Care (Facility)
- Skilled Nursing
- Speech Therapy
- Supported Employment
- Transition Assistance Services
- Vehicle Mods Specialized
- Other: _____

Counties Served: _____

Completed by: _____ Date: _____

SUBMIT REQUEST



When the credentialing process is initiated for practitioners and organizations, the applicant is entitled to:

1. Review the information submitted to support their credentialing application
2. Correct erroneous information
3. Receive the status of their credentialing or recredentialing application, upon request.

Email CCPHNetworkdevelopment@cookchildrens.org with any questions or concerns.