Letter of Interest Questionnaire

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

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

Provider Information

Facility Name: _____ Facility Type: _____

Type of Services Provided: _____

Last Name: _____ First Name: _____

Date of Birth: _____ NPI or API: _____ TPI: _____

Primary Specialty: _____ 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 Number: _____ Fax Number: _____

Tax Id Number: _____ NPI Number: _____ TPI Number: _____

Contact Name: _____ Title: _____

Contact Phone Number: _____ Contact Fax Number: _____

Contact Email Address: _____

Mailing Information

Mailing Name: _____

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

Phone Number: _____ Fax Number: _____

Credentialing Contact

Contact Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Hours Available: _____

Please check all that apply:

Panel Status: Open Closed Existing Only

Age Restrictions: Yes No If yes, please explain: _____

Do you treat: Children Adults Pregnant women Directory Print: Yes No

Languages Spoken: _____

Office Hours: _____

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

Do you participate in the Vaccine for Children's (VFC) program? Yes No

Are you currently contracted with an Electronic Visit Verification (EVV) vendor? Yes No

If yes, please list the 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 Therapies: _____

Other: _____

_____ _____

Completed by Date