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Houston, Texas 77060

Phone: (281) 447-6800
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Application Packet

Dear Physician:

Thank you for your interest in joining IntegraNet-Gulf Coast, Inc. Effective September 1, 2001, as mandated by the 77th Texas Legislature, all healthcare providers, MD, DO, DPMs as well as all private and public hospitals, health maintenance organizations (HMOs) and preferred provider organizations (PPOs) in the State of Texas must use the Texas Standardized Credentialing Application adopted by the Texas Insurance Commissioner for credentialing.

The standardized application should be completed in its entirety and submitted to IntegraNet at the address listed above. Or, you may fax the standardized application to 281-447-6802. The statements "see attached" or "see curriculum vitae" do not constitute a completed application. In addition, if you return an application via U.S. mail on an original, mailed application, please do not use any whiteout. Incomplete applications cannot be processed and will be returned.

Please return the following items with your completed Texas Standardized Credentialing Application:

- ✓ Application including signature and dated attestation that allows your release for the accuracy of information provided. **(Available via the internet at the Texas Department of Insurance website:)**
<http://www.tdi.state.tx.us/forms/lhlhmo/lhl234.doc> (version LHL 234, REV. 01/07)
- ✓ Copy of Curriculum Vitae.
- ✓ Copy of your current Texas License
- ✓ Copy of your current DEA (Federal drug permit)
- ✓ Copy of your current DPS (State drug permit)
- ✓ Copy of your current Malpractice Insurance
- ✓ ECFMG Certificate (If applicable)
- ✓ Malpractice Claims History-Provide information for all cases occurring in the past 5 years.
- ✓ Copy of American Board Certificate (if applicable)
- ✓ CME (Continuing Medical Education) for the past three years
- ✓ W-9 Form (Attached)
- ✓ Original Copy of Professional Provider Agreement (Attached)
- ✓ Original Copies of any Amendments for additional products (Attached)
- ✓ Health Plan Affiliation Form (Attached)

You will be notified prior to Committee Review of any information obtained during the credentialing process that varies from the information provided on the application. You will be given an opportunity to correct any erroneous information. Upon completion of the verification process and Credentials Committee Review, you will be notified in writing of the Committee's decision.

Your prompt response and return of all items listed above is greatly appreciated. If you have any questions, please feel free to contact one of our Provider Representatives at (281) 447-6800.