



Please complete this form to apply for network participation with CHRISTUS Health Plan. Submit the completed form along with a signed W-9 to the Network Team and allow 45 days for the review to be completed. NetworkDevelopment@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.