



A member of the Seton Healthcare Family

Network Participation Form

Prior to consideration for network participation, please provide responses to the following and email completed form to shpnetworkdevelopment@seton.org for submission. All fields are required.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|-----------|----------|-----------|----------|------------|----------|------------|------|--------|---------|----------|------|-----------|-------|-----------|--------|----------|-------|-----------|----------|-------|--------|--|
| Provider Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current copy of W-9 (Must include Billing Address) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Specialty/Facility Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| GNPI or Individual NPI (As applicable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| DME Providers, please provide a list of medical equipment and services provided. Select One: Adult Pediatric | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are you currently credentialed with other payers? | Select One: Individual rendering providers, Facility Delegated | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you provide virtual services? (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which lines of business are you interested in? | Select One: SmartHealth (Ascension Employee Plan) Dell Children’s Health Plan (CHIP & STAR) <i>Please note if you are a Behavioral Health provider interested in contracting with Dell Children's Health Plan, please contact Magellan.</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently enrolled in Texas Medicaid? | Select One: No Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide a website link if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider age limitations. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select the county(ies) the practice is in and/or provides services for. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Bastrop</td> <td>Bosque</td> <td>Comal</td> <td>Fayette</td> <td>Hays</td> <td>Lee</td> <td>McLennan</td> <td>Williamson</td> </tr> <tr> <td>Bell</td> <td>Burnet</td> <td>Coryell</td> <td>Gonzales</td> <td>Hill</td> <td>Limestone</td> <td>Milan</td> <td>Statewide</td> </tr> <tr> <td>Blanco</td> <td>Caldwell</td> <td>Falls</td> <td>Guadalupe</td> <td>Lampasas</td> <td>Llano</td> <td>Travis</td> <td></td> </tr> </table> | | Bastrop | Bosque | Comal | Fayette | Hays | Lee | McLennan | Williamson | Bell | Burnet | Coryell | Gonzales | Hill | Limestone | Milan | Statewide | Blanco | Caldwell | Falls | Guadalupe | Lampasas | Llano | Travis | |
| Bastrop | Bosque | Comal | Fayette | Hays | Lee | McLennan | Williamson | | | | | | | | | | | | | | | | | | |
| Bell | Burnet | Coryell | Gonzales | Hill | Limestone | Milan | Statewide | | | | | | | | | | | | | | | | | | |
| Blanco | Caldwell | Falls | Guadalupe | Lampasas | Llano | Travis | | | | | | | | | | | | | | | | | | | |
| Service Delivery Area by County: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dell Children’s Health Plan (CHIP and STAR Texas Medicaid) Travis County SDA: Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson. | | | | | | | | | | | | | | | | | | | | | | | | | |
| SmartHealth (Employee Benefits Plan): Bastrop, Bell, Blanco, Bosque, Burnet, Caldwell, Comal, Coryell, Falls, Fayette, Gonzales, Guadalupe, Hays, Hill, Lampasas, Lee, Limestone, Llano, McLennan, Milam, Travis, and Williamson counties | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>If you have questions, please contact Network Contracting Team at 512-324-3125, option 5, or email shpnetworkdevelopment@seton.org.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |