

Long-Term Services and Supports Demographic Information Form

Please complete one form per provider organization and forward to your local Provider Experience consultant.

Provider type: <input type="checkbox"/> Financial manage services agency/Consumer directed services (FMSA/CDS) <input type="checkbox"/> Personal assistance services (PAS) <input type="checkbox"/> Day activities health services (DAHS) <input type="checkbox"/> Home modification <input type="checkbox"/> Home delivered meals <input type="checkbox"/> Employees Retirement System of Texas (ERS) <input type="checkbox"/> Home health agency (HHA) <input type="checkbox"/> Assisted living facility (ALF)		
Provider name (DBA):		
Legal/tax name:		
Tax ID:	NPI:	
Atypical identifier /Texas provider identifier (API/TPI):		
Service areas: <input type="checkbox"/> All of Texas <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6 <input type="checkbox"/> Region 7 <input type="checkbox"/> Region 8 <input type="checkbox"/> Region 9 <input type="checkbox"/> Region 10 <input type="checkbox"/> Region 11		
Or list by the counties served below:		
Physical location information		
Address:		
City:	State:	ZIP code + 4:
Phone #:	Fax #:	
Billing/payment remittance address		
<input type="checkbox"/> Same as physical address. If different, complete section below.		
Address:		
City:	State:	ZIP code + 4:
Phone #:	Fax #:	
Agency contacts		
Administrator name:		
Email:	Phone:	
Parent company name (if applicable):		

provider.wellpoint.com/tx/

Medicaid services provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Medicare-Medicaid Plan services provided by Wellpoint Texas, Inc.

Primary contact name:	
Email:	Phone:
Business office manager/billing contact:	
Email:	Phone:
Credentialing contact:	
Email:	Phone:
Contracting contact:	
Email:	Phone:
Signature	
Printed name:	
Signature:	Date: