

Credentialing/letter of interest form — facility

Thank you for your interest in joining the Wellpoint network. Please provide the information below and return to txcredentialing@Wellpoint.com along with a W-9. Once returned, your information will be sent to the Texas Credentialing Verification Organization, Aperture, LLC. Aperture will perform all application verifications, including primary source verification. If you have any questions or want to check the status on your credentialing application(s), call Aperture at **855-743-6161**, option 3.

Facility information (includes hospitals, facilities, long-term services and supports, and all ancillary providers)			
<input type="checkbox"/> New facility <input type="checkbox"/> Service address update <input type="checkbox"/> Service location addition			
Facility name:			
Attn:		Facility address (No P.O. Box):	
City:		State:	ZIP code (must be ZIP +4):
Primary phone number:			
Primary fax number:			
Email address:			
Service areas: <input type="checkbox"/> Austin <input type="checkbox"/> San Antonio <input type="checkbox"/> Dallas <input type="checkbox"/> Fort Worth <input type="checkbox"/> Houston <input type="checkbox"/> Jefferson <input type="checkbox"/> Lubbock <input type="checkbox"/> El Paso <input type="checkbox"/> MRSA-Central <input type="checkbox"/> MRSA-West <input type="checkbox"/> MRSA-Northeast <input type="checkbox"/> Nueces			
TPI:		API:	
TIN:		ADA handicap accessible (Y/N):	
Facility legal name:		Facility NPI:	
Facility specialty type:		Secondary specialty type:	
Taxonomy code:			
Credentialing correspondence information			
Name:		Address:	
City:	State:	ZIP code (must be ZIP +4):	Phone number:
Email address:			Fax number:

Remittance information	
Address:	Phone number:

provider.wellpoint.com/tx

Medicaid coverage 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.

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City:	State:	ZIP code (must be ZIP +4):
Tax information		
Name:		Address:
City:	State:	ZIP code (must be ZIP +4):
For internal use only		
Delegated group — requesting direct credentialing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Product(s): <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> STAR+PLUS <input type="checkbox"/> STAR Kids		
Note: If Medicaid and STAR+PLUS, then a TPI must be provided.		
Signature		
Printed name:		
Signature of applicant:		Date:

If you have credentialing questions or to enroll in the following, please call:

- **Vision providers:** Superior Vision of Texas, **800-243-1401**
- **Dental providers:** DentaQuest, **800-896-2374**
- **Rural service areas:** MultiPlan/Texas True Choice, **800-950-7040**, option 2 for providers, option 7 for application/credentialing.