

Request for Credentialing/Letter of Interest Form — Practitioner

Thank you for your interest in joining the Amerigroup network. Please provide the information below and return to txcredentialing@amerigroup.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 1-855-743-6161, option 3.

Practitioner information (includes physicians and allied health practitioners)		
<input type="checkbox"/> New provider <input type="checkbox"/> Joining an existing group		
First name:	Last name:	
DOB:	SSN:	
Attn:	Primary practice address:	
City:	State:	ZIP code (must be ZIP+4):
Markets: <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		
Primary practice phone:	TPI:	
Primary practice fax:	TIN:	
NPI:	Group NPI:	
Provider CAQH number:		
ADA handicap accessible (Y/N):	Pay to (S for individual or G if tied to a group):	
Primary specialty type:	Secondary specialty type:	
IPA/group name:		
Degree choice:	Taxonomy code:	PCP/specialist/dual:
If PCP, list office hours: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____	If PCP, list age limits:	

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Coverage provided by Amerigroup Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Credentialing correspondence information			
Name:		Address:	
City:	State:	ZIP code (must be ZIP+4):	Phone number:
Email address:			Fax number:
Remittance information			
Address:			Phone number:
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"/> Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)			
Note: If Medicaid and Amerigroup STAR+PLUS MMP, then a TPI must be provided .			
Signature			
Printed name:			
Signature of applicant:			Date:

For credentialing questions or to enroll in the following, please call:

- **Vision providers:** Superior Vision of Texas, 1-800-243-1401
- **Dental providers:** DentaQuest, 1-800-896-2374
- **Rural Service Areas:** MultiPlan/Texas True Choice, 1-800-950-7040, option 2 for providers, option 7 for application/credentialing