

Letter of Interest Form — Practitioner

Thank you for your interest in joining the Amerigroup network. Please provide the information below and return either via email to TXCredentialing@amerigroup.com or by fax to 1-855-225-9928. 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:	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:	API:
TIN:	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:
Credentialing correspondence information		
Attn:	Location 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		
Product code:	Market:	Billing client:
Network setup key:	Include in directory:	
Address type:		
Provider note:		
Provider note description:		
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