



Expedited Credentialing of Certain Practitioners

Sendero expedites the credentialing of physicians (MD and DO), therapeutic optometrists and podiatrists who join an established Sendero-contracted medical group.

The applicant must:

- Be licensed by and in good standing with the practitioner-specific licensing board;
- Submit all credentialing-related documentation and other information required by Sendero; and
- Agree to comply with the terms of the current Sendero - practitioner group contract.

Please complete and submit the **Provider Data Form** to Sendero’s Credentialing Department. For any questions, please call (512) 978-8008 or email Credentialing@senderohealth.com

Provider Data Form
For Contracting and Credentialing Purposes

Please complete for each provider.

Last Name:		First Name:	Middle Initial:
Degree:	Gender:	Social Security #:	Date of Birth:
License #:		CAQH Provider ID #:	
License Designation:			
Primary Specialty:	Primary Care Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Secondary Specialty:	Hospital Based: <input type="checkbox"/> Yes <input type="checkbox"/> No		



Days and Hours of Operation:		Practice Limitations (age, gender, etc.):	
Group NPI #:	Group Tax ID:	Group Medicaid #:	
Group Taxonomy #:	Practice Specialty/Services Offered:		

Additional Practice Locations:

Make copies of this attachment, as necessary.

Additional Practice Address:		Medicaid Suffix for this location:	
City:	State:	Zip Code:	County:
Phone:	Fax:		
Back Line Phone:	Clinical Fax:		
Days and Hours of Operation:	Practice Limitations:		
Additional Practice Address:		Medicaid Suffix for this location:	
City:	State:	Zip Code:	County:
Phone:	Fax:		



Days and Hours of Operation:	Practice Limitations:
------------------------------	-----------------------

Credentialing Contact Name:	E-mail:	
Credentialing Address:		
City:	State:	Zip:
Phone:	Fax:	

Billing Contact Name:	E-mail:	
Billing Address (Remit To):		
City:	State:	Zip:
Phone:	Fax:	

If you currently utilize CAQH, please ensure that you authorize Sendero Health Plans or their designee to access your data and credentialing application. You may contact CAQH at (888) 599-1771 or online at <https://caqh.geoaccess.com/oas/>

If you do not participate with CAQH, please obtain a Texas Standardized Credentialing Application

(TSCA) from the Texas Department of Insurance at <http://www.tdi.texas.gov/forms/finmcqa/lhl234.pdf>



Required Attachments or Supplemental Information

Please attach current copies of the following documents:

- State Medical/Professional license

- DEA Controlled Substances Registration, if applicable

- DPS Controlled Substances Registration, if applicable

- Professional liability insurance policy face sheet, listing expiration dates, policy limits (min 200k/600k) and applicant's name

- IRS W-9 Form

- Medicaid approval letter; which offers verification of participation.

- *Physician's (MD/DO) must have admitting privileges at a Sendero Health Plans facility or an
Inpatient Coverage Arrangement with a physician that is active in Sendero Health Plans provider network.**

- **Mid-level Provider's (APRN/PA) must be practicing under the supervision of a physician that is active in Sendero Health Plans provider network. APRN's and PA's practicing as PCPs must be practicing under the supervision of a physician acting as a Primary Care Physician in the specialty of family medicine, internal medicine, pediatrics, or obstetrics/gynecology.**



Please mail or fax completed application and all applicable attachments to:

Sendero Health Plans

Attn: Credentialing

2028 East Ben White Blvd., Suite 400

Austin, TX 78741

OR

Fax: 512-901-9704

For any questions, please call (512) 978-8008 or email Credentialing@senderohealth.com