TexanPlus® HMO/HMO-POS
Today's Options® PFFS/PPO
Medicare Advantage Health Plans

Physician Network Request Form

Please include providers CV's with completed application.

Group Name: ______________________________

Provider Name: ______________________________

Specialty: ______________________________

Practice Location Address: ______________________________

City: ____________________ State: __________ Zip Code: __________

Contact Person: ______________________________

Phone: ____________________ Email: ____________________

Board Certification: ______________________________

Hospitals: ______________________________

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Additional Comments: ______________________________

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Fax to: 713-558-4682 Attention: Provider Relations or email to

Texanplusproviderinquiry@universalamerican.com

Completion of this form does not guarantee contracting

All Networks will review each request on an individual basis.