TexanPlus® A WellCare Company | Today's Options® A WellCare Company

Facility/Ancillary Provider Network Request Form

Date: _____

Provider Name: _____

Specialty/Services Provided: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____

Email: _____

Additional Comments: _____

_____

_____

Complete this form and submit with a Letter of Interest (LOI) advising of your scope of services, geographic service area and any other pertinent information. Forms without will NOT be accepted or processed.

Fax to 713-838-3517, attention: Facility/Ancillary Provider Relations

Completion of this form does not guarantee contracting

4888 Loop Central Dr., Suite 300, Houston, Texas 77081

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