



Provider Interest Form

Provider Name: _____ D/B/A _____

Specialty: _____

Primary Address: _____

City _____ Zip: _____ County: _____

Office Phone: _____ Office Fax: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

Satellite Location(s) _____

Medicaid Provider: Yes No

NPI: _____ TPI: _____

TAX-ID: _____

Hospital Affiliations: _____

Plans Interested in: STAR CHIP IdealCare (Exchange)

Date: _____

Thank you for your interest in becoming a provider with Sendero Health Plans. Please submit your Provider Interest Form to:

Sendero Health Plans FAX: (512) 901-9704 Email: providers@senderohealth.com

STAR/CHIP Provider & Customer Service - Phone: 1-844-872-0537

IdealCare Provider & Customer Service - Phone: 1-844-800-4693