



METHODIST PHYSICIAN ALLIANCE PRE-APPLICATION FORM

APPLICATION FEE \$250.00 (per physician) -- Any application received without the application fee will be returned.

Physician Name: _____ Ind NPI # _____ MD DO DPM
Tax I.D. #: _____ SSN: _____ M F DOB: _____
Group Name: _____ Group NPI # _____ Individual Medicare # _____
Group Administrator: _____ Credentialing Contact Name: _____
Credentialing Person's phone: _____ Cred Email address: _____
Primary Office Address: _____
Primary Office Phone #: _____ Fax #: _____
Secondary Office Address: _____
Secondary Office Phone #: _____ Fax #: _____
Specialty: _____ Board Certified: Yes No If No, Board Eligible?: _____

A current version of the Texas Standardized Credentialing Application form is required for initial credentialing and recredentialing of physicians. You can download a current version of this application from the following website: www.tdi.state.tx.us/ (Click on More Popular Links OR More Popular Forms/Databases/Lists and click on the credentialing form prompt.)

**Please mail the following documents to: Methodist Physician Alliance
8109 Fredericksburg Rd
San Antonio, TX 78229-3311**

- Completed current version of the TX standardized application
- W-9 must be included with your application
- Copy of physician's CV
- Copies of current licensure & malpractice insurance certificate
- Copy of a HCFA sample claim form with boxes 24J, 31, 32 and 33 completed

NOTES:

- Please make the \$250.00 application fee payable to **Methodist Physician Alliance**. This fee is non-refundable.
- Applicant must have medical staff privileges with at least one Methodist Healthcare Facility (hospital or ancillary).
- Medical Malpractice insurance coverage is required (Minimum of \$200,000 / \$600,000).
- Providers have the right to review information obtained by MPA to evaluate the credentialing application.
- If any information is obtained from another source during the credentialing process that varies substantially from the information provided on the application by the provider, the provider has the right to review and/or correct erroneous information submitted by another party.
- Providers have the right, upon request, to be informed of the status of their credentialing OR recredentialing application.
- Visit our website at : www.methodistphysicianalliance.com for additional information.