Pre-Application Form

Physicians holding privileges at any Methodist Healthcare System hospital are invited to join MPA. Membership gives you the power of the messenger model process negotiating discounted fee-for-service contracts relative to your stated preferences. With a current network of more than 1,200 physicians, MPA holds contracts with 12 managed-care payors.

If you are not already a member of Methodist Physician Alliance (MPA), please complete this preapplication form to initiate the enrollment process with MPA. There is a one-time application fee of $250 per provider to join our network. Currently, we only credential M.D.'s, D.O.'s, D.P.M.'s and D.D.S.'s with educational training in oral maxillofacial surgery (we do NOT credential mid-level providers).

Physician Name: _____ NPI #_____ ☐ MD ☐ DO ☐ DPM

Tax I.D. #: _____ SSN: _____ ☐ M ☐ F DOB: _____

Group Name: _____ 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 re-credentialing 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

- Completed current version of the Texas standardized application
- W-9 must be included with your application
- Copy of physician's CV
- Copies of current licensure & malpractice insurance certificate

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 re-credentialing application.
- MPA respects the privacy of our physicians and patients and adheres to all applicable HIPAA regulations.