

fax

TO: TMHP FROM: Virginia Smith  
FAX: 1-512-514-4214 PAGES: 5  
PHONE: DATE: 12/22/2011  
RE: Vintana #4337763 CC:

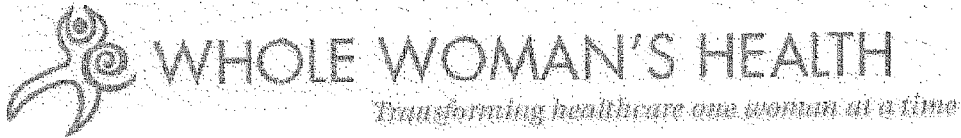
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Attached please find our request to remove  
Dr. Dallas Johnson from our TMHP application.  
On 12/20/2011, we also faxed in a letter requesting  
to remove Dr. William West.  
If you have any questions, we can be  
reached at 1-888-737-9615 or 512-275-6080.

Thank you-

Virginia Smith



December 22, 2011

Texas Medicaid and Healthcare Partnership  
Attn: Provider Enrollment Department  
PO Box 200795  
Austin, TX 78720-0795

RE: Kintana #4337763, Dated 12/19/2011

To Whom it May Concern:

Yesterday, we received an updated Kintana letter (#4337763) with new requested information.

Since Dr. Dallas Johnson is not currently practicing at our Austin location, we would like to remove his name from the application. We understand if he returns to the practice, we can update our application/contract at a later time.

Page 5.4 removing Dr. Dallas Johnson from our application is attached.

If you have any questions, feel free to contact me directly at 1-888-737-9615.

Sincerely,

  
Virginia Smith  
Credentialing Coordinator

cc: Holly Johnson, Business Manager  
Laura Koffler, Clinic Administrator

## Texas Medicaid Provider Enrollment Application

### Section C — Group Practice *Required if enrolling as a GROUP PRACTICE*

Group 8-digit Texas Medicaid TPI:	OR	Group Medicare number: (if applicable)

Indicate the type of group enrollment you are requesting by checking one of the following:

☐ Adding additional performing provider(s) to an existing group  
(Indicate Group TPI above)

☒ Enrolling a new group with performing provider(s)

1.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	Sherwood C. Lynn, Jr. MD	06/14/1940	[REDACTED]	MD
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: <small>MM/DD/YYYY</small>	Pharmacist certification issue date: <small>MM/DD/YYYY</small>
		E6484	08/29/1976	
2.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	Margaret A. Kini, MD	04/01/1972	[REDACTED]	MD
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: <small>MM/DD/YYYY</small>	Pharmacist certification issue date: <small>MM/DD/YYYY</small>
	1303775	N1712	12/12/2008	111621
3.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	Robert E. Hanson, Jr. MD	08/27/1939	[REDACTED]	MD
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: <small>MM/DD/YYYY</small>	Pharmacist certification issue date: <small>MM/DD/YYYY</small>
		E1329	08/18/1973	
4.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	H. Brook Randal, MD	02/15/1951	[REDACTED]	MD
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: <small>MM/DD/YYYY</small>	Pharmacist certification issue date: <small>MM/DD/YYYY</small>
		G3943	02/27/1983	
5.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: <small>MM/DD/YYYY</small>	Pharmacist certification issue date: <small>MM/DD/YYYY</small>





TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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**Comments:**

PAGE 5.4- MUST ADD BROOK RANDAL TO THIS PAGE SINCE A PIF-1 WAS COMPLETED.

MUST COMPLETE AND SUBMIT A PROVIDER AGREEMENT FOR SHERWOOD LYNN, WILLIAM WEST AND DALLAS JOHNSON. MUST SUBMIT WITH AN ORIGINAL SIGNATURE FOR EACH.

TMHP Provider Enrollment attempted to contact you regarding the deficiencies included in this letter, please respond with the needed information and see below for the information regarding the attempted contact:

Date of phone call - 12/02

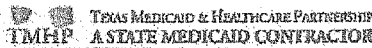
POC - VIRGINIA

Phone Number - 250-1005

Summary - LEFT VMAIL REGARDING CORRECTIONS

Thank you for participating in the Texas Medicaid Program. If you have any questions about your application, please call the TMHP Contact Center at 1-800-925-9126.

Enclosures



rec'd 12-5-11

P O Box 200795  
Austin, TX 78720-0795  
1-800-925-9126  
Fax: 1-512-514-4214

WHOLE WOMANS HEALTH OF AUSTIN LLC  
8401 NORTH IH 35 STE 200  
AUSTIN TX 78753

Kintana # 4337763

Intitals: TET Date: December 2, 2011

Dear WHOLE WOMANS HEALTH OF AUSTIN LLC,

Thank you for your application to enroll in the Texas Medicaid Program. The attached forms are being returned to obtain additional information. To continue processing your application, we must receive the requested information within 30 days of the date of this letter.

If your application was submitted online through the TMHP Provider Enrollment on the Portal (PEP), you can submit updates through PEP by choosing "View Existing Transactions", selecting the portal ticket number of the application you wish to update, and clicking "Edit". After making the necessary revisions, submit the application by navigating to the "Final Acknowledgement" screen at the end of the application and click "I Accept".

If you submitted a paper enrollment application, you must submit revisions, along with a copy of this letter, to:

Texas Medicaid & Healthcare Partnership  
Attn: Provider Enrollment Department  
PO Box 200795  
Austin, TX 78720-0795

Pages that do not require your signature can be faxed to 1-512-514-4214.

If you have any questions, please call the TMHP Contact Center at 1-800-925-9126, and select Option 2.

Please do not submit claims for services provided to eligible Medicaid clients until you have completed your enrollment with TMHP and received a letter with your Texas Provider Identifier (TPI). After you have received your TPI, please submit claims promptly to ensure that claims are received within 95 days of the date of your enrollment in the Texas Medicaid Program.

Your application is being returned because your application is missing information on one or more of the following documents:

[www.tmhp.com](http://www.tmhp.com)

