

FAX COVER SHEET

TO	Texas Medicaid and Healthcare Partnership
COMPANY	TMHP
FAX NUMBER	15125144214
FROM	Virginia Smith
DATE	2011-12-21 15:24:14 CST
RE	Kintana #4337763

COVER MESSAGE

Please see attached information requested in Kintana
#4337763

Thank you - Virginia Smith
1-888-737-9615 (telephone)
1-888-724-3239 (fax)



December 21, 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. Upon review of the letter, we realized that we listed Dr. William West, Jr. as a provider at Whole Woman's Health of Austin, LLC. Currently Dr. West does not perform services at our Austin location; therefore, we would like to have his name removed from the application with as little disruption to the application process as follows.

The provider agreement for Dr. Lynn was mailed on Monday, December 19.

Page 5.4 adding Dr. H. Brook Randal to 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 9-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:		
<input type="checkbox"/> Adding additional performing provider(s) to an existing group <small>(Indicate Group TPI above)</small>		
<input checked="" type="checkbox"/> 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: MM/DD/YYYY	Pharmacist certification issue date: MM/DD/YYYY
		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: MM/DD/YYYY	Pharmacist certification issue date: MM/DD/YYYY
	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: MM/DD/YYYY	Pharmacist certification issue date: MM/DD/YYYY
		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: MM/DD/YYYY	Pharmacist certification issue date: MM/DD/YYYY
		G3943	02/27/1983	
5.	Name:	Date of birth: MM/DD/YYYY	Social Security Number:	Title/Degree:
	Dallas W. Johnson, MD	07/30/1946	[REDACTED]	MD
	TPI number(s): <small>(only applicable for existing performing providers)</small>	Professional license number:	Professional license initial issue date: MM/DD/YYYY	Pharmacist certification issue date: MM/DD/YYYY
		H4441	12/06/1988	

