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FAX COVER SHEET

TO	Texas Medicaid and Healthcare Partnership
COMPANY	TMHP
FAX NUMBER	15125144214
FROM	Virginia Smith
DATE	2012-02-07 12:28:42 CST
RE	Kintana # 4337763

COVER MESSAGE

Info attached.

Please call me if I am missing something. Thank you -
Virginia Smith 512 275 6080

Provider Information Form (PIF-1)

Each Provider must complete this Provider Information Form (PIF-1), before enrollment. A provider is any person or legal entity that meets the definition below.

Each Provider must also complete a Principal Information Form (PIF-2), for each person who is a Principal of the Provider (see the PIF-2 form for a complete definition of every person who is considered to be a Principal of the Provider).

All questions on this form must be answered by or on behalf of the Provider, by ALL provider types (all spaces must be completed either with the correct answer or a "NA" on the questions that do not apply to the Provider).

The Provider or provider's duly authorized representative must personally review this completed form and certify to the validity and completeness of the information provided by signing the HHSC Medicaid Provider Agreement or other State Health-Care Program Agreement.

"Provider" - Any person or legal entity, including a managed care organization and their subcontractors, furnishing Medicaid services under a State Health-Care Program provider agreement or contract in force with a State Health-Care Program, and who has a provider number issued by the Commission or their designee to:

1. provide medical assistance under contract or provider agreement with HHSC, DSHS or its designee; or
2. provide third party billing services under a contract or provider agreement with HHSC, DSHS or its designee

A "Third-Party Biller" is a type of "Provider" under the above definition and is a person, business, or entity that submits claims on behalf of an enrolled health care provider, but is not the health care provider or an employee of the health care provider. For these purposes, an employee is a person for which the health care provider completes an IRS Form W-2 showing annual income paid to the employee.

Last, First, Middle Initial OR Group/Company name:	Maiden name:
Randal, H. Brook	
List any other alias, name, or form of your name ever used:	National Provider Identifier (NPI): (10-digit)
	1083642920
Primary Taxonomy Code: (10-digit)	
207VG0400X - OBSTETRICS & GYNECOLOGY - GYNECOLOGY	
Secondary Taxonomy Code: (10-digit - the provider may indicate up to 15 taxonomy codes; attach additional pages if needed)	
Non-Texas-enrolled Taxonomy Code: (these codes are informational and describe services the provider performs but for which the provider does not currently bill Texas Medicaid)	

For additional names or addresses, attach pages as necessary.

Physical address:					
Number	Street	Suite	City	State	ZIP
8401 N I H 35, Suite 200, Austin, TX 78753					
Accounting/billing address:					
Number	Street	Suite	City	State	ZIP
8401 N I H 35, Suite 1 A Austin, TX 78753					
If your accounting address is different than your physical address, indicate your relationship to the accounting address:					
<input type="checkbox"/> Third Party Biller <input type="checkbox"/> Management Company <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Self <input type="checkbox"/> Other (explain below)					
If you chose Other, please explain:					

