

Provider #: _____

Initials: _____

Date: _____

Enrollment Application for groups of physicians

If other than groups of physicians:

Enrollment Application

Provider Agreement

Disclosure of Ownership Statement

If Corporation:

Board of Directors Resolution

Certificate of Incorporation or Authority

Letter of Good Standing if not exempt (501C)

National Heritage Insurance Co.
7600 Sma. Creek Boulevard
Suite 100E
Austin, Texas 78757
(512, 455 5111
Austin, Texas 78757
(512, 455 5111

Dec. 6, 1985

City of Houston Health Dept.
1115 N. MacGregor RM. 130
Houston, Tx 77030

Re: Family Planning Agency Group Number 2000P4386

Dear Agency Provider:

Dear Agency Provider:

We have completed the enrollment of Soren J. Vindekilde and have added him to your group of practicing physicians. His Medicaid Performing Identification number is P8W878710 and is effective 9-1-85 as coordinated with the date of his provider agreement. Please remember to use this number to identify the performing physician in block 24-F on your claim form. Thank you.

Sincerely,

Kimberly Walker

Kimberly Walker
Provider Enrollment

CONFIDENTIAL

CITY OF HOUSTON HEALTH & HUMAN SERVICES DEPARTMENT

Soren John Vindekilde, M.D.

The parties hereto understand and agree that the Agency is to provide services under the provisions of the Title XIX Family Planning Program and that claims for such services provided are to be submitted by and paid to the Agency. As a staff physician of the Agency, the undersigned Doctor hereby agrees that:

- This agreement is to be considered an addendum to my staff service agreement with the Agency in exactly the same manner as had it constituted a part of our initial understanding.

Executed this 1st day of September, 1985

City of Houston Health and Human Services Department
Name of Agency

BY

Assistant Director, Personal Health Services

x X John W. Nichols, M.D.

X

G2877

License Number

Z 000 P 4386

Group Provider Number

SECRET