SENDERO HEALTH PLANS

Provider Interest Form (*Please submit this form with a copy of your entity's W9)

Provider Name(s) *attach provider roster if necessary:

_____

_____

Group Name: _____

Specialty:_____

Primary Address: _____

City_____Zip:_____ County:_____

Office Phone: _____Office Fax:_____

Contact Person: _____Contact Phone:_____

Contact Email: _____

Web Address:_____

Satellite Location(s)_____

Services Offered_____

NPI:_____

TAX-ID:_____

Date: _____

You must service one or more of the following Texas counties to be considered: Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis and Williamson

Please submit your Provider Interest Form to:

Email: SenderoProviderContracts@senderohealth.com

Please submit with a copy of your entity's W9

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