

Texas Medicaid Group Volume Consent Form

	Medicaid Provider Name (Include all providers in the group, even those not attesting for incentives.)	Individual NPI	Group NPI	Is EP attesting as part of this group? (Y/ N)	Provide signature of each EP attesting to group volume OR A signature from the group/clinic owner, CEO, CIO, or other executive with authority to consent for all EPs
1					
2					
3					
4					
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11					
12					
13					
14					

Group executive signature (CEO, CIO, owner, etc.):

Group Executive Printed Name:

Date: