

CSHCN Services Program Identification Form

REQUIRED: All providers rendering Medicaid services must be enrolled with Texas Medicaid as a prerequisite to enrolling in the CSHCN Services Program. Call the TMHP Contact Center at 1-800-925-9126 for information about Texas Medicaid and provider enrollment criteria.

Type Of Enrollment:

- New enrollment (new provider, practice location, etc.) Provider re-enrollment

Requesting Enrollment As:

Select only one of the following options. Selecting more than one of the following options may result in a delay in processing this enrollment application.

- Individual Facility Group Performing Provider

Provider Type:

To ensure proper enrollment, check the appropriate box below to indicate all services you will provide. An enrollment application must be submitted for each provider type requested.

Select only one of the following options. Selecting more than one of the following options may result in a delay in processing this enrollment application.

Durable Medical Equipment

- Augmentative Communicative Devices Supplier
 Custom Durable Medical Equipment (DME) Supplier (Custom DME is medical equipment made or modified specifically to address the individual client's needs.)
 Expendable Medical Supplies
 Medical Foods Supplier (Medicaid enrollment is not required for this provider type)
 Medical Nutritional Products Supplier
 Non Custom Durable Medical Equipment (DME) Supplier
 Total Parenteral Nutrition (TPN) Services Supplier

Other Facilities

- Federally Qualified Health Center (FQHC)
 Federally Qualified Lookalike (FQL)
 Federally Qualified Satellite (FQS)
 Freestanding Surgical Centers
 ▲ Hospice
 ▲ Home Health (skilled nursing) Agency
 Independent Diagnostic Testing Facility (IDTF)
 Independent Lab
 ▲ Renal Dialysis Facility
 Rural Health Center- Hospital, Freestanding
 Supplier of Hemophilia Blood Factor Products
 Radiation Treatment Facility
 Pharmacy
 ▲ Pharmacist administering immunizations
 ▲ Prescribed Pediatric Extended Care Center
 ▲ Ambulance / Air Ambulance

Hospital

- ▲ Hospital—Acute Care
 ▲ Hospital—Psychiatric
 ▲ Hospital—Rehabilitation
 ▲ Hospital Ambulatory Surgical Center (HASC)

Physicians and Nurses

- ▲ Physician (MD, DO)
 ▲ Physician Assistant
 ▲ Nurse Practitioner/Clinical Nurse Specialist
 ▲ Certified Registered Nurse Anesthetist (CRNA)

Dental Services

- ▲ Dentist
 ▲ Orthodontist

Hearing and Vision Services

- ▲ Audiologist
 ▲ Hearing Aid
 Dispensing Optical Company
 Optician
 ▲ Optometrist (OD)

Prosthetists and Orthotists

- ▲ Orthotist
 ▲ Prosthetist
 Prosthetic-Orthotic Services (choose if licensed as both)

Other Professionals

- ▲ Anesthesiologist Assistant
 ▲ Dietitian
 ▲ Geneticist
 ▲ Licensed Clinical Social Worker (LCSW)
 ▲ Licensed Professional Counselor (LPC)
 ▲ Occupational Therapist (OT)
 ▲ Physical Therapist (PT)
 ▲ Podiatrist
 ▲ Psychologist
 ▲ Respiratory Care Practitioner
 ▲ Speech-Language Pathologist (SLP)

▲ Providers are required to submit a copy of their license/certification with the enrollment application. A provider cannot be enrolled if his or her license/certification is due to expire within 30 days of the date of application.

