

EXPEDITED CREDENTIALING ADDENDUM

This is in support of my request to be given Provisional Status, as provided for in the Texas Insurance Code, Subchapter C, Expedited Payment Process for Certain Physicians (“Provisional Status Law”). I hereby warrant, represent and agree as follows:

1. The provider group meets the requirements of the Provisional Status Law, Section 1452.101(5), and endorses my request and agrees to the terms hereof by executing this Addendum in the space provided below.
2. I am licensed in the State of Texas by, and am in good standing with, the Texas Medical Board, with no history of disciplinary action.
3. If Provisional Status is granted I agree to comply with the terms of the Participating Physician/Physician Group Agreement as if I were a group provider, including, without limiting the foregoing, its provisions requiring provider groups to hold enrollees of FirstCare harmless and prohibiting billing such enrollees, subject to the terms and conditions of the Participating Physician/Physician Group Agreement. In addition, if Provisional Status is granted I agree to comply with the provisions of the Provisional Status Law, including, without limiting the foregoing, those requiring that enrollees of FirstCare be held harmless and prohibiting the billing of such enrollees by me or the provider group for any amounts that may become payable by me to FirstCare in the event that FirstCare determines that I fail to meet its credentialing standards and my Provisional Status is terminated, or otherwise, both during and after any termination of my Provisional Status, subject to the terms and conditions of the Provisional Status Law.
4. I acknowledge and fully understand that the granting to me of Provisional Status: (a) is not the result of any credentialing of me by FirstCare and that FirstCare will review and make a determination on my credentialing based on my application and other information in accordance with its standard credentialing processes and procedures; and (b) does not constitute an acceptance by FirstCare of me as a group provider as defined in the Participating Physician/Physician Group Agreement or qualify me in any way as a participating provider in a FirstCare network of providers.

I understand that you will notify me in writing of your decision whether to grant me Provisional Status and of the termination thereof. I, _____, am an associate of _____ and agree to participate in the current Participating Physician/Physician Group Agreement between the group and SHA, L.L.C. d/b/a FirstCare and/or Southwest Life & Health Insurance Company.

Agreed to:

Endorsed and Agreed to:

 Physician Applicant Signature

 Physician Group Authorized Signature

NPI #: _____

Title: _____

Date: _____

Tax ID #: _____

Date: _____

FIRSTCARE USE ONLY:

This provider’s credentials are approved and he/she should be entered as a participating network provider on provisional status, effective as of _____. Please accept this notice in lieu of a contract as the group contract will now include this provider.

Signed: _____

Date: _____