



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

## MEMORANDUM

**TO:** Valued Providers  
**FROM:** El Paso Health  
**DATE:** November 6, 2018  
**RE:** Updated Demographic Form

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El Paso Health has updated the Demographic Form to include additional information which is now an HHSC requirement for our online directories. We are requesting for providers to fill out the demographic form to assure we are providing our members with the most accurate information about your practice. Please fax your completed demographic form to (915) 298-7870 or email [contracting\\_dept@elpasohealth.com](mailto:contracting_dept@elpasohealth.com).

Additional information includes:

- Americans with Disabilities Act (ADA) accessibility requirements
- Telemedicine/Telehealth/Telemonitoring
- American Sign Language (ASL)
- Website URL
- Taxonomy Numbers

If you have any questions regarding this correspondence please contact our Provider Relations Team M-F from 8am-5pm at 1-877-532-2877 x1507.



**PROVIDER DEMOGRAPHIC FORM**

Group/Facility Name: \_\_\_\_\_

Group/Facility Specialty: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_ Group TPI: \_\_\_\_\_

Please check off provider type:  PCP  Specialist  PCP/Specialist  Hospital Based

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Individual NPI: \_\_\_\_\_ API: \_\_\_\_\_ TPI: \_\_\_\_\_ EPSDT: \_\_\_\_\_

Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_ Medical License: \_\_\_\_\_

Professional Category:  MD  DO  FNP  ACNP  PA  CRNA  Other: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Office Hours/Days: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

Secondary Location: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Office Hours/Days: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Taxonomy number: \_\_\_\_\_ Additional Taxonomy Numbers: \_\_\_\_\_

Languages Spoken:  English  Spanish  American Sign Language (ASL)  Other: \_\_\_\_\_

Accepting New Patients:  Yes  No  Established Only Age Range: \_\_\_\_\_

Practice Limitations:  Male only  Female only  None  Other: \_\_\_\_\_

CLIA Type: \_\_\_\_\_ Radiology Certificate:  Yes  No  N/A

Do you offer?  Telemedicine  Telehealth  Telemonitoring  Targeted Case Management

Does this office meet American Disabilities Act (ADA) accessibility requirements?  Yes  No

Billing Information **(Must Reflect W-9)**: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Pay to Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  New Load  Update  Term Effective Date: \_\_\_\_\_

Provider Type Code: \_\_\_\_\_ Provider Specialty Code: \_\_\_\_\_ Sub Specialty: \_\_\_\_\_ LTSS X code: \_\_\_\_\_

Products:  STAR w TPI  STAR w/o TPI  CHIP  CHIP Perinatal  STAR+PLUS  TPA  HCO  CM

Contract Type:  Individual  Group  Ancillary/Facility  Amendment  LOA  PAR  Non Par

Comments: \_\_\_\_\_