



# COMMUNITY FIRST HEALTH PLANS

## LETTER OF INTEREST

At Community First Health plans, we continuously monitor and evaluate the availability of care and services provided in our network. Our ongoing assessment of the Health Plan's geographic regions allows us to monitor our providers and ensure we have adequate services throughout the Network. If you are interested in joining the network, please complete the following information and fax to Network Management at 210-358-6199, or mail to:

CFHP: Attention: Network Management  
12238 Silicon Drive Ste 100  
San Antonio, Texas 78249

1) General Information:

First Name:

Last Name:

Name of Group:

Other group providers:

Provider Specialty:

Office Location(s):

Panel Restrictions (if any):

Products of interest, Medicaid, CHIP, or HMO:

Contact person and phone number:

2) Do you submit claims electronically?

3) Please identify your appropriate organizations Federal status, if applicable:

Rural Health Clinic (RHC)

Significant Traditional Provider (STP)

Historically Underutilized Business (HUB)

Federally Qualified Health Center (FOHC)

4) For DME and Home health providers, please define the organization's scope of service and service area.

5) **Provider Identifiers:** NPI \_\_\_\_\_  
TPI \_\_\_\_\_  
Tax Id \_\_\_\_\_