

TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
PHYSICIAN PROVIDERS CHECKLIST - TRANSFORMATION WAIVER

FOR NEW AFFILIATIONS OR PROVIDERS, PLEASE INCLUDE COMPLETED FORMS BELOW WITH UC TOOL SUBMISSION.  
INCOMPLETE PACKETS WILL NOT BE ACCEPTED OR CONSIDERED ELIGIBLE FOR PAYMENT.

Physician Providers	
Required Forms	
<input type="checkbox"/>	1. AP-152 (Application for Texas Identification Number) <a href="http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf">http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf</a>
<input type="checkbox"/>	2. 74-176 (Direct Deposit Authorization/Advance Payment Notification) <a href="http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf">http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf</a> <i>(Please ensure AP-152 and 74-176 have identical hospital names, addresses, and EIN numbers. Forms that do not match will be returned.)</i>  <b>The AP-152 and 74-176 are required with packet submission unless a complete 14 digit TIN is provided below:</b>  _____
<input type="checkbox"/>	3. Certification of Physician Group Participation <a href="http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-phy-group-cert.pdf">http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-phy-group-cert.pdf</a> a) Page 1: Name of Physician Group b) Page 1: Complete 9 digit TPI (Texas Provider Identification) c) Page 1, Paragraph 1, a: Physician Group d) Page 1, Paragraph 1, b: Hospital and Government Entity e) Page 3: Sign and date
Government Entities Affiliating with Physician Providers	
Required Forms	
<input type="checkbox"/>	1. AP-152 (Application for Texas Identification Number) <a href="http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf">http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf</a>
<input type="checkbox"/>	2. 74-176 (Direct Deposit Authorization/Advance Payment Notification) <a href="http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf">http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf</a> <i>(Please ensure AP-152 and 74-176 have identical entity names, addresses, phone numbers, and EIN numbers. Forms that do not match will be returned.)</i>  <b>The AP-152 and 74-176 are required with packet submission unless a complete 14 digit TIN is provided below:</b>  _____
<input type="checkbox"/>	3. 89-103 (TexNet Enrollment Form) <a href="http://www.window.state.tx.us/taxinfo/taxforms/00-107.pdf">http://www.window.state.tx.us/taxinfo/taxforms/00-107.pdf</a>
<input type="checkbox"/>	4. Certification of Governmental Entity Participation <a href="http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-phy-dist-cert.pdf">http://www.hhsc.state.tx.us/rad/hospital-svcs/downloads/1115-phy-dist-cert.pdf</a> a) Page 1: Name of Government Entity b) Page 1: Subdivision c) Page 1: Statute d) Page 1, Paragraph 2, a: Privately owned medical practice e) Page 2: Sign and date

Please mail completed originals to:

HHSC Rate Analysis  
P.O. Box 85200  
Mail Code H-400  
Austin, Texas 78708-5200  
Attn: Kellie Stephens

For questions regarding documentation, please call (512) 491-1862.