



Provider Interest Form

Provider Name: _____ D/B/A _____

Specialty: _____

Primary Address: _____

City _____ Zip: _____ County: _____

You must service one or more of the following Texas counties: Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis and Williamson.

Office Phone: _____ Office Fax: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

Satellite Location(s) _____

NPI: _____

TAX-ID: _____

Hospital Affiliations: _____

Date: _____

Thank you for your interest in becoming a provider with Sendero Health Plans. Please submit your Provider Interest Form to:

Sendero Health Plans FAX: (512) 901-9704 Email: providers@senderohealth.com
Customer Service - Phone: 1-844-800-4693