

Provider Network Contracting Entity Registration or Exemption of Affiliates Form

The applicant must provide the registration fee required by the [Texas Administrative Code Section 3.9804](#) and the following information to the Texas Department of Insurance at MCQA@tdi.texas.gov or by mail to:

Managed Care Quality Assurance Office, Life and Health Division, Mail Code LH-MCQA
Texas Department of Insurance
P.O. Box 12030
Austin, Texas 78711

1. All names used or that will be used by the provider network contracting entity, including any name under which the contracting entity intends to engage or has engaged in the business of insurance in Texas:

2. Provider network contracting entity's mailing address:

3. Provider network contracting entity's official email address:

4. Provider network contracting entity's main telephone number:

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5. Provider network contracting entity's primary contact name:

6. Provider network contracting entity's primary contact telephone number:

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7. Disclose and clearly define the relationships between the applicant and all listed affiliates of the applicant, as required under [Texas Insurance Code Section 1458.055](#) and [28 Texas Administrative Code Section 3.9803](#), including primary provider networks, subsidiary provider networks, and other provider networks as defined in Section 3.9801. (Add additional pages as necessary).

8. List each affiliate, and the affiliate's address, for which an exemption is requested. (If applicable)
(Add additional pages as necessary):

**If you have questions or require assistance regarding this form,
please call 512-676-6400, select Option 3.**

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.