SCOTT & WHITE HEALTH PLAN
Texas Friendly

Request for Designation as

Secondary Care Physician for a Health Plan Patient

Patient's Name: _____ MRN: _____

SWHP Network Physician's
Specialist's Name: _____ NPI: _____

Specialty: _____ Phone No: _____

Office Contact Name: _____ Phone No: _____

Patient's Diagnosis: _____

SWHP Network
Specialist's Signature: _____ Date: _____

Type or Print Name: _____

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Forward to:

SWHP Network
Primary Care Physician (PCP):_____ Clinic Location: _____

Request Disposition: _____ Approved _____ Denied (Discussed with Specialist)

SWHP Network
PCP's Signature: _____ Date: _____

Type or Print Name: _____

Forward to: Kimberly Bales / SWHP Enrollment & Billing

Fax Number: 1-254-298-3199

Data entered by: _____ Date: _____