

Texas Healthcare Transformation Waiver and Quality Improvement Program 1115 Waiver

RHP Contact Change Form

Date Requested:

Contact Change (Please check one)

Additional Contact

Replacement Contact

Update Contact Information

*If replacement, please indicate the contact you want to delete:

Location of Change (Please check all that apply for the contact)

HHSC D-List

DSRIP Website (User)

Section I (Lead Contact)

Type of Entity (Please check all that apply for the contact)

IGT Entity for UC

IGT Entity for DSRIP

Performing Provider

UC Only Hospital

Anchor

Contact Information

RHP Number(s):

TPI Number:

Organization:

Contact Name:

Contact Title:

Mailing Address:

E-mail:

Phone Number:

Please complete the entire form and email it to the waiver mailbox at TXHealthcareTransformation@HHSC.state.tx.us with "RHP Contact Change" in the subject line. If you have any questions, please contact the waiver mailbox.