PROVIDER NETWORK CONTRACTING ENTITY
REGISTRATION OR EXEMPTION OF AFFILIATES FORM

The applicant must provide the following information to the Texas Department of Insurance at MCQA@tdi.texas.gov, or by mail to Managed Care Quality Assurance Office, Financial Regulation Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, Texas 78714-9104.

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 main telephone number: 
   __________-____________________

4. Provider network contracting entity’s primary contact name: 
   ________________________________________________

5. Provider network contracting entity’s primary contact telephone number: 
   __________-____________________

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

7. 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 8.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES
With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI’s General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI’s website at www.tdi.texas.gov.