



Provider Application

Business

A red arrow → indicates documents to be attached when submitting this application.

I. Demographics

Business Legal Name: _____

DBA Name: _____

Remit to Address: _____

Street Address

City

State

Zip Code

Physical Address (if different) - not P.O. Box: _____

Street Address

City

State

Zip Code

Correspondence/1099 Address (if different): _____

Street Address

City

State

Zip Code

County: _____ Business Phone: _____ Fax: _____

Contact Name: _____

E-Mail Address: _____

Business Tax ID#: _____

Historically Underutilized Business/Disadvantaged Business: No Yes - Number of Years: _____

HUB Certified: Women Hispanic Asian Pacific African-American Native American Other

Eligible (not certified): Women Hispanic Asian Pacific African-American Native American Other

II. Conflicts of Interest

Identify any relationships between the business or its staff and MHMRTC employees or Board of Trustees - Current MHMRTC Board Members are: [Roy Griffin](#), [Jim Teague](#), [Linda Harmon](#), [William R. Brown](#), [LeaAnn Capel](#), [Elaine Klos](#), [Carolyn Sims](#), [Lyn Willis](#), and [Theodis "T" Ware](#).

Any conflicts of interest?

Yes No



If yes, please complete the Conflict of Interest Questionnaire (CIQ) located on MHMRTC's website under the Your Rights > Conflict of Interest section: <http://www.mhmrtarrant.org/Your-Rights/Conflict-of-Interest> and attach it with this application.

III. Service Delivery

A. Services to be provided:

Physical Therapy Occupational Therapy Speech Therapy

Other: _____

B. What times of day and days of the week are services available?

Monday Tuesday Wednesday Thursday Friday Saturday

C. How long do people currently wait to get into your services? _____

D. How many slots/visits **per day** do you have available? _____
45-minute visit minimum

E. How many 45-minute slots **per month** do you have available? _____

F. How many 1-hour slots **per month** do you have available? _____

IV. Experience

A. Describe your business' experience in working with infants and children (ages birth to 36 months) during the last five years: _____

V. Financial

Is the business incorporated?

Yes No

If yes: For Profit Not-for-Profit Other

If other, explain: _____

VI. Risk Assessment

A. Is the business delinquent in State franchise tax?

Yes No

Organizations must have a Letter of Good Standing that verifies that it is not delinquent in State franchise tax. Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but will have a 501C IRS Exemption form from the Comptroller's Office.

B. Does the business have current insurance showing liability coverage for:

Property	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicles	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
General Liability	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Professional Liability	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Medical Malpractice	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A



*If yes, attach a copy of the face sheet from each policy.

C. Does each of the business' locations have general liability insurance coverage?

Yes No

D. Has the business been cited by any licensing, accrediting or certifying body in the last 5 years?

Yes No

If yes, please explain: _____

VII. Rate Schedules

A. Standard Rates:

Service	Rate
Occupational Therapy	
Therapy - 45 minutes	\$70. ⁰⁰
Therapy - 1 hour	\$93. ⁵⁰
IFSP - 45 minutes	\$70. ⁰⁰
IFSP - 1 hour	\$93. ⁵⁰
Evaluation	\$72. ⁵⁰
Physical Therapy	
Therapy - 45 minutes	\$70. ⁰⁰
Therapy - 1 hour	\$93. ⁵⁰
IFSP - 45 minutes	\$70. ⁰⁰
IFSP - 1 hour	\$93. ⁵⁰
Evaluation	\$72. ⁵⁰
Speech Therapy	
Therapy - 45 minutes	\$55. ⁰⁰
Therapy - 1 hour	\$73. ⁰⁰
IFSP - 45 minutes	\$55. ⁰⁰
IFSP - 1 hour	\$73. ⁰⁰
Evaluation	\$72. ⁵⁰

*Other service types may be added by writing on this page or attached to this application.
Non-standard services and rates will be discussed/negotiated with the [Chief of ECI](#).*

B. Flat Rates:

Service	Rate	Duration
Consultation*	\$25. ⁰⁰	per hour
No Show when provider drives to a home and no one is there	\$10. ⁰⁰	per "No Show"

*Consultation consists of phone calls and other required contact with families, ECI staff, doctors, and other professionals; this DOES NOT include scheduling or other coordination activities.

Rates for services include travel and paperwork; ECI does not pay for that time separately.

ECI does not pay for cancellations.

VIII. Required Training Elements

The business' primary agent, as well as staff who will be providing ECI services, are required to read and understand MHMRTC's **Compliance Plan**.

The business' staff must complete all training described and contained inside the **ECI Provider Manual**.

Both the Compliance Plan and ECI Provider Manual are available on MHMRTC's website, under the Business Opportunities > Provider Relations section:
<http://www.mhmrtarrant.org/Business-Opportunities/Provider-Relations>.

IX. Assurances Statement

Provider assures the following (indicate with a ✓mark):

- 1. All information provided in this application and attachments are true and correct.
- 2. Business does not discriminate in its services or employment practices on the basis or race, color, religion, sex, national origin, disability, veteran status, or age.
- 3. The business accepts the terms, conditions, criteria, and requirements set forth in this application.
- 4. The individual signing this application as the 'Business Agent' is authorized to legally bind the business on its behalf.

By Business Agent: _____
Print Name

Signature

Date: _____

Submit this application by U.S. mail, hand delivery, carrier, fax, or email electronically to:

Laura Kender, Chief of ECI
ECI of North Central Texas
3880 Hulen Street, Suite #400
Fort Worth, TX 76107
817-569-5301
817-569-5348 - fax
Laura.Kender@mhmrtc.org

ECI reserves the right to reject any and all applications, to waive technicalities,
and to accept any advantages deemed beneficial to the ECI program and its clients.

Next Steps

Individual Applications:

After completing this application, each staff employed by the business, who will be providing ECI services, will complete their own Provider Application for an Individual, available on MHMRTC's website under the Business Opportunities > Become a Provider section: <http://www.mhmrtarrant.org/Business-Opportunities/Become-a-Provider>.

Credentialing:

Prior to providing services, each staff who will be providing ECI services must complete a Credentialing Application, which is handled through MHMRTC's [Credentialing Department](#). The application is located on MHMRTC's website under the Business Opportunities > Credentialing section: <http://www.mhmrtarrant.org/Business-Opportunities/Credentialing>.

Re-credentialing is conducted every three years. It is the individual's responsibility to forward their renewed license to the [Credentialing Department](#) in a timely manner to avoid disruption of services.

Billing:

In order for MHMRTC/ECI to bill for services provided, each staff who will be delivering ECI services must complete a Texas Medicaid Provider Enrollment Application (aka TMHP packet) to obtain a TPI number. To receive the current TMHP packet, contact [Kutrenia Miller](#) at 817-569-5317.

Checklist

Ensure copies of the following are attached, as applicable:

- Conflict of Interest Questionnaire (Section II)
- Property insurance face sheet (Section VI)
- Vehicle insurance face sheet (Section VI)
- General liability insurance face sheet (Section VI)
- Professional liability insurance face sheet (Section VI)
- Medical malpractice insurance face sheet (Section VI)
- List of services or rates that are different than those listed (Section VII)