

Texas True Choice

Provider Nomination Form



Texas True Choice, Inc. (TTC) continually adds new providers to our network to ensure the most comprehensive statewide coverage.

If you are a member, and your provider is not currently participating in our network, you may nominate him/her by completing the following member and provider information.

Member Information		
Name		
Street Address		
City	State	Zip Code
Phone Number	Email Address	
Employer	Insurance Carrier / Payor	

If you are a provider interested in the TTC Student Accident network, please complete the following information.

Provider Information		
Provider Name	Specialty	Group Name
Street Address		
City	State	Zip Code
Phone Number	Fax Number	
Office Manager	Tax ID	Board Status Eligible: Certified: N/A:
Institution of Residency	Year Completed	Malpractice Limits
Hospital Privileges: (List hospitals where provider has unlimited admitting privileges only.)		

Thank you for providing the above information. The TTC credentialing process generally takes between 90 - 120 days. This process is dependent upon timely responses, and a prompt return of a completed application and contract documents. TTC will make every effort to add nominated provider's to the network, however, please understand that nominating a provider does not guarantee that they will become a TTC participating provider.

Please mail or fax your completed form to:

**Texas True Choice, Inc.
 Attn: Student Accident Network
 5000 Legacy Drive, Suite 190
 Plano, Texas 75024
 P: 800-683-4856 F: 469-443-3401**