



Texas Health Steps
Oral Evaluation and Fluoride Varnish Certification Application

Performing Provider Name: _____

Check appropriate box:

- Private Practice Group Practice Federally Qualified Health Center Rural Health Center

Name of Group/Facility: _____

Check appropriate box:

- Primary Care Physician Physician Assistant Advanced Practice Nurse

Taxonomy Code: _____ Group Tax ID: _____

Provide the following required information:

Individual National Provider Identifier (NPI) No.: _____ Group NPI No.: _____

Do you have a personal Texas Health Steps (THSteps) Texas Provider Identifier (TPI) number? Yes No

If yes, enter THSteps personal TPI No.: _____

Group THSteps TPI No. (Used to bill Medicaid): _____

I am currently enrolled as a THSteps Primary Care Provider

I have submitted an application as of _____

Physical Address (Street, Suite): _____

City: _____ ZIP Code: _____ Area Code and Phone No.: _____

Office Contact (person who can answer questions): _____

Email Address (where verification should be sent): _____

Date Training Completed: _____

Email this completed form and your CE certificate to: THStepsOEFV.FDH@hsc.state.tx.us; or fax completed form and your CE certificate to 512-483-3979.

If you have questions, contact Louise Friedman by phone at 512-776-2110.