

# AHP Credentialing Application Form

Who may we thank for referring you? \_\_\_\_\_

I, the undersigned, hereby request application for credentialing with GPG Holding Company (GPG), a Texas not-for-profit corporation. I am enclosing:

- My one-time GPG, non-refundable credentialing fee of \$275.00 (payable to GPG Holding Company)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Specialty (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Individual and /or Group Federal Tax ID Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

Please list all physicians you are affiliated with. Attach a list if you have more than three physicians in your group.

Names:

Specialty:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the name of your group practice? \_\_\_\_\_

*For GPG use only*

Credentialing Fee Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Application Received by GPG \_\_\_\_\_ Date to Credentialing \_\_\_\_\_