

# Texas Healthcare Transformation Waiver and Quality Improvement Program 1115 Waiver

## RHP Contact Change Form

Date Requested:

### Contact Change (Please check one)

Additional Contact

Replacement Contact

Update Contact Information

\*If replacement, please indicate the contact you want to delete:

### Location of Change (Please check all that apply for the contact)

HHSC D-List

DSRIP Website (User)

Section I (Lead Contact)

### Type of Entity (Please check all that apply for the contact)

IGT Entity for UC

IGT Entity for DSRIP

Performing Provider

UC Only Hospital

Anchor

### Contact Information

RHP Number(s):

TPI Number:

Organization:

Contact Name:

Contact Title:

Mailing Address:

E-mail:

Phone Number:

Please complete the entire form and email it to the waiver mailbox at [TXHealthcareTransformation@HHSC.state.tx.us](mailto:TXHealthcareTransformation@HHSC.state.tx.us) with "RHP Contact Change" in the subject line. If you have any questions, please contact the waiver mailbox.