State of Texas
Health & Human Services Commission
Request for Reinstatement

To request reinstatement in Title V (Maternal & Child Health Services), Title XIX (Medicaid), Title XX (Block Grants for Social Services), and other HHSC programs, complete the form below and mail or fax it to: Sanctions Case Manager, HHSC-OIG, Post Office Box 85200, Mail Code 1358, Austin, Texas 78708-5200; fax number 512-833-6484. Reinstatement does not automatically entitle the provider to participate in HHSC programs. After reinstatement, the provider must request participation through the provider enrollment process. Do you have any documentation to prove you have been reinstated at the federal level, as well as any appropriate medical boards? Copies of such documentation must be included with your Request for Reinstatement.

PLEASE NOTE: Failure to provide all requested information will result in a delay of the reinstatement process.

Last Name _____ First Name _____ Middle Initial _____

SSN _____ DOB _____

License Number _____ License Type _____ License Status _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Physical Address: Street _____ City _____ State _____ Zip _____

Have you ever participated as a provider in any HHS program? Yes ☐ NO ☐

Provider Number (TPI): _____ National Provider Number (NPI): _____

Federal Tax Identification Number: _____

Company Name: _____

Company Address: Street _____ City _____ State _____ Zip _____

Date of Exclusion: _____ Reason for Exclusion: _____

_____

_____

I request reinstatement in Title V (Maternal & Child Health Services), Title XIX (Medicaid), Title XX (Block Grants for Social Services) and other HHSC programs and certify the foregoing information is true and correct to the best of my knowledge.

Signature _____ Printed Name _____ Date _____