

**Montgomery County Hospital District  
Healthcare Assistance Program**

**PROVIDER INFORMATION**

*Please print CLEARLY and complete this form for EACH provider at EACH location.*

**Provider Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Provider Specialty:** \_\_\_\_\_

**Facility and/or Office Name:** \_\_\_\_\_

**Billing Tax ID:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Hospital Privileges:**

**Location:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Type:** \_\_\_\_\_

*Send ALL Provider Information sheets to one of the following below:*

**Fax:** 936-523-5060

**Mail:** Attn: Ana Hernandez  
200 River Pointe, Suite 204  
Conroe, Texas 77304  
Questions: 936-523-5170