



Provider Contract Assignment Notification

Date:

(Name and Address)

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HHSC Case Worker:

HHSC Office Area Code and Phone No.:

HHSC Office Address (Street, City, State and ZIP Code):

There is a change in your provider's contract.

Program or Service

Provider Name

Assigned Provider

Your provider had a change to its contract with the Texas Health and Human Services Commission. As a result of this change:

- The provider's contract number on your service plan has changed.
- The provider's name and contract number on your service plan has changed.
- The provider's new name is _____.

This change in the provider's contract may have resulted from a change in business ownership where part of the ownership changes, a complete change in ownership, or a change in the provider's license.

You may choose to remain and receive your program or services with the assigned provider. You may also select a different provider. You continue to have the right to change your provider at any time.

If you would like to select a new provider, have any questions or require more information, contact me. My phone number is listed in the above HHSC box.