



Texas Health Steps
Oral Evaluation and Fluoride Varnish Certification Application

Performing Provider Name:		Type of Provider:	
Name of Group/Facility:		Type of Group/Facility:	
Taxonomy Code:	Group Tax ID:		

Provide the following required information:				
Individual National Provider Identifier (NPI) No.:		Group NPI No.:		
Do you have a personal Texas Health Steps (THSteps) Texas Provider Identifier (TPI) number? <input type="radio"/> Yes <input type="radio"/> No				
If yes, enter THSteps personal TPI No.:		Group THSteps TPI No. (Used to bill Medicaid):		
<input type="checkbox"/> I am currently enrolled as a THSteps Primary Care Provider				
<input type="checkbox"/> I have submitted an application as of				
Physical Address (Street, Suite):		City:	ZIP Code:	Area Code and Phone No.:
Office Contact (person who can answer questions):		Email Address (where verification should be sent):		
Date Training Completed:				

**Submit completed Form 1090 and your CE certificate by
Email at THStepsOEFV.FDH@hhsc.state.tx.us or fax to 512-483-3979.**