

# 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:

### Type of Entity (Please check all that apply)

IGT Entity for UC

IGT Entity for DSRIP

Performing Provider

UC Only Hospital

Anchor

### New Contact Information

RHP Number:

Contact Name:

Contact Title:

Organization:

Phone Number:

E-mail:

Mailing Address:

Please complete the entire form and email to [TXHealthcareTransformation@HHSC.state.tx.us](mailto:TXHealthcareTransformation@HHSC.state.tx.us) with "RHP Contact Change" in the subject line. If you have specific questions regarding this form please feel free to contact Andrea Quinn at [andrea.quinn@hsc.state.tx.us](mailto:andrea.quinn@hsc.state.tx.us) or 512-707-6097.