

## Agency Information Form

**ALL INFORMATION ON THIS FORM IS REQUIRED; PLEASE MARK "N/A" IF NOT APPLICABLE**

Legal Entity Name: \_\_\_\_\_  Provider Agency  FMSA

NPI#: \_\_\_\_\_ TIN#: \_\_\_\_\_ TPI#: \_\_\_\_\_ Provider Contract#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EVV Contact Name: \_\_\_\_\_

**CONTACT INFORMATION Security PIN Code used to identify Personnel (REQUIRED) UNIQUE 4 DIGIT NUMBER**

\*Director/Administrator: \_\_\_\_\_ Email: \_\_\_\_\_ PIN Code: \_\_\_\_\_

\*Alternate Administrator: \_\_\_\_\_ Email: \_\_\_\_\_ PIN Code: \_\_\_\_\_

**\*Director/Administrator & Alternate Administrator listed above considered ONLY Personnel with Administrative Rights. (Optional)**

List additional Personnel authorized to Enable Vesta User(s) or Reset Password(s).

Authorized Personnel Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ PIN Code: \_\_\_\_\_

**VESTA EVV VERSION INFORMATION** New EVV Provider? \_\_\_\_ Yes \_\_\_\_ No

Agency will use the Vesta EVV Only Version

Agency uses or will use a Management System (Third Party Software Integration)

Software: \_\_\_\_\_ Contact Name and Email: \_\_\_\_\_

**PROGRAM(s)**  STAR+PLUS  STAR Health  STAR Kids

**Payer(s)**  Aetna  Amerigroup  BCBS of Texas  Cigna-HealthSpring  Children's Medical  
 Community First  Cook Children's  Driscoll  Molina  Superior  
 Texas Children's  United Health Care

**PROGRAM(S)**  CLASS  CAS/FC/PHC

**Payer**  HHS/TMHP

**PROVIDER AGENCY PILOT PARTICIPATION**

GPS Mobile App Pilot: Interested in Participating? \_\_\_\_ Yes \_\_\_\_ No

Electronic Authorization Pilot: Interested in Participating? \_\_\_\_ Yes \_\_\_\_ No

Signature Authority Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

If more than one office location, provide separate list of branches with Complete Address, Census and Tax ID. Send completed form via (Fax) 956.412.1464 or (email) info@vestaevv.com

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