Texas Provider Marketing Form

Please complete all sections of the following form and submit to TexasProviderMarketing@hhsc.state.tx.us by clicking the "submit form" button below.

Provider Marketing Information	
Category (choose one):	If "other," explain:
Reading Grade Level of Marketing Material:	Submission for Facility / Group? ☐ Yes ☐ No
Brief Summary of Provider Marketing or Intended Use of Marketing Material (attach additional pages if necessary):	
Has this Provider Marketing been previously submitted and approved? ☐ Yes ☐ No	If yes, please provide approval number:
Provider Marketing County:	
Provider Information	
Submitter (choose one):	If "other," explain:
Provider Name (Last, First):	
National Provider Identifier:	Texas Provider Identifier:
Practice / Facility Name:	
Practice Location (City, County, State, ZIP):	
Email Address:	Home Page URL (if applicable):
☐ I understand that submission of this Provider Marketing is optional. The applicable sections of the Texas Administrative Code govern the allowable form, content, and use of provider marketing.	

Submit Form

Please do not print below this section.

For HHSC Use Only	
Date Approved:	
Approval Number:	

HHSC's Provider Marketing approval is not extended to any deviations or modifications made to the marketing following the issuance of HHSC's approval. This approval does not extend to any future provider marketing.