

**GROUP ID: IG01
PROVIDER COVER SHEET**

**Texas Health and Human Services
Office of the Inspector General (OIG) Utilization Review**

Provider National Provider Identifier (NPI): _____

Provider Type (Choose from Dropdown):

Record Type (Choose from Dropdown):

OIG Case Number: _____

If Provider Type is Hospital, Hospital – Psychiatric, or Hospital – Children’s,
please enter a Sample Quarter.

If Provider Type is Nursing Facility, please enter a Vendor Number.

Sample Fiscal Quarter (Choose from Dropdown):

Sample Quarter Fiscal Year (Choose from Dropdown):

Vendor Number: _____