



Provider Nomination Form

The Black Star Stone Provider Panel (Black Star Stone) is a closed network of medical providers who provide health care services to injured employees of the City of Fort Worth. Black Star Stone will review requests from City employees or individual health care providers to consider adding a health care provider to the Panel. This “ Provider Nomination Form” provides basic information that Black Star Stone needs to begin this process. The credentialing of health care providers is a structured process, and therefore any information provided to Black Star Stone must be accurate and complete.

Because the Black Star Stone Provider Panel is a closed network, no assurance is given that a provider or facility will be added to the network.

Nominating Person Information

Name of Person Nominating the Provider			
Organization			
Mailing Address			
City		Zip Code	
Phone		Fax	
Email			

Health Care Provider Being Nominated

Health Care Provider Name			
Health Care Practice/Facility Name			
Tax ID Number			
Primary Specialty			
Secondary Specialties			
Physical Street Address			
City		Zip Code	
County of Physical Address			
Mailing Address Street/PO Box			
City		Zip Code	
Health Care Practitioner's Contact Person			
Phone		Fax	
E-Mail			

The completed form should be provided to Black Star Stone at the following email address: blackstone@fortworthtexas.gov or Fax number: 817-392-8526.