



**Opt-In / Opt-Out Letter
Multi-TIN Agreement**

Contracted Entity Name: Physician Contracting Organization of Texas (PCOT) (required field)

Tax Identification Number (TIN) Name: _____ (required field)

TIN Number: _____ (required field)

TIN NPI Number: _____ (required field)

Please check the box in one of the two "Opt" selections below indicating the action requested:

Opt-In (Add):

As signature authority for the TIN listed above, I have reviewed the TRICARE Contract, Fee Schedule, Provider Manuals and TRICARE requirements and have decided to 'ACCEPT' the contracted rates and be bound to the terms of said agreement. My signature below represents my "Acceptance" and willingness to participate and terminates any prior agreement. I acknowledge all physicians under the above tax identification number are included and will be notified of their new effective date, with the understanding that leaving this TIN may prompt a new agreement.

Opt-Out (Termination):

As signature authority for the TIN listed above, the TIN will no longer be participating under the Multi-TIN agreement known as _____.

Owner of Tax Identification Number (TIN):

Signature: _____

Printed Name: _____

Date: _____

Title: _____

Phone: _____

Required fields filled in and completion including Signature on the document are necessary to expedite this request. Otherwise it may be returned unprocessed which could impact your claims processing accurately.