

***Circles of Care***  
Doctor, Dentist and Hospital Services Information

**Foster Parent(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please list the names, address and phone numbers of doctors, dentist and hospital services you would use for children in your care. The providers must take/accept STAR Medicaid and be a TX Health Steps Provider.

**General Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

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

*For COC use only:*  *Has been checked as a Health Steps Provider*

**Specialist(s):** \_\_\_\_\_

*Such as Dermatologist, Gynecologists, -please specify.*

Address: \_\_\_\_\_

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

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

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

*For COC use only:*  *Has been checked as a Health Steps Provider*

**Hospital:** \_\_\_\_\_

Address: \_\_\_\_\_

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