Physician Referral Program Application

Physician Profile Information

Last name | First name | MI | Title | NPI

Specialty | Alternate Specialty | Alternate Specialty | Years In Practice

Language(s) other than English that you, the physician, speak:

☐ French ☐ Gujarati ☐ Hindi ☐ Spanish ☐ Telegu ☐ Urdu ☐ Vietnamese ☐ Other: _____ ☐ NA

Admitting Information

Are you a hospitalist? ☐ Yes ☐ No Hospitalist group name: _____

If yes, do you also see new patients outside of the hospital? ☐ Yes ☐ No

Referral Program Participation

☐ **NO**, I do not wish to participate in the BayCare Physician Referral Program at this time.

☐ **YES**, I wish to participate in the BayCare Physician Referral Program and I understand that to be included I must (please initial each of the following criteria):

_____ Maintain approved staff privileges and hold active status at one or more BayCare facility or be a member of BayCare Physician Partners

_____ Must be in Good Standing as defined by the National Association of Medical Staff Services (NAMSS)*

_____ Offer to schedule appointments for new patients within two weeks for primary care physicians and four weeks for specialists

_____ Provide updated practice information annually and upon request by BayCare in order to direct the appropriate patient referrals to your office

**Please see full definition located on the criteria flyer*

In addition to the referral program's general criteria, please let us know if you can accommodate either of the following:

Preferred Access Appointments

I will offer to schedule appointments for new, urgent care and physical exam patients within **three business days**.

☐ YES, I will offer Preferred Access appointments.
☐ NO, I do not offer Preferred Access appointments.

Urgent Same-Day Appointments

I will offer to schedule **same-day**** appointments for patients who have been seen in an urgent/emergency care setting and have been referred by the attending physician for immediate follow-up care.

☐ YES, I will offer urgent same-day appointments.
☐ NO, I do not offer urgent same-day appointments.

***For same-day appointments, the patient must be seen in your office on the same day that the referral is given or the very next morning, for a late-day referral.*

Practice/Office Information

Primary Office Location

Practice name

Type of practice: ☐ Group ☐ Solo

Are you a concierge doctor? ☐ Yes ☐ No

Do you accept minors? ☐ Yes ☐ No

Age range: _____ to _____

Address | Suite #

City | State | Zip

Office phone | Office manager name

Manager direct phone | Manager email

Practice/Office Information

Office hours:

☐ Monday _____ to _____
☐ Tuesday _____ to _____
☐ Wednesday _____ to _____
☐ Thursday _____ to _____
☐ Friday _____ to _____

☐ Saturday _____ to _____
☐ Sunday _____ to _____

Is your office closed for lunch:
☐ Yes ☐ No Hours: _____ to _____

Insurance – For New Patients

Please select the payment types and insurance plans which you are currently accepting **FOR NEW PATIENTS ONLY:**

Types of payment accepted: ☐ Cash ☐ Check ☐ Charge/debit ☐ Insurance ☐ Payment plan ☐ Self-pay

Commercial Plans *(Plans in bold require selection of one or more sub category)*

☐ **Aetna**
☐ **HMO** ☐ **POS**
☐ AvMed
☐ BayCare Employee–Cigna
☐ Cigna
☐ Coventry Health Care
☐ Evolutions Healthcare Systems
☐ First Health

☐ **Florida Blue (PPO)**
☐ **BlueCare (HMO)**
☐ **myBlue (HMO)**
☐ **SimplyBlue (HMO)**
☐ **Blue Choice (PPO)**
☐ **Blue Options (PPO)**
☐ **BlueSelect (PPO)**
☐ **FEP Federal (PPO)**
☐ **State Employees (PPO)**

☐ **Humana**
☐ **HMO** ☐ **PPO**
☐ **Pinellas County Schools**
☐ MultiPlan/PHCS/Beech Street
☐ Neighborhood Health Partnership (United Healthcare)

☐ Sunshine Health/FL Healthy Kids
☐ United Healthcare
☐ None

Government Plans

☐ CHAMPVA
☐ Hillsborough County Health Plan
☐ Hospice
☐ Pinellas County Health Plan
☐ Polk County Health Plan
☐ TRICARE Prime
☐ TRICARE Standard
☐ None

Medicaid:

☐ Aetna Better Health
☐ Clear Health Alliance
☐ Freedom Health
☐ Humana
☐ Magellan Complete Care
☐ Medicaid-Original
☐ Molina Healthcare
☐ CMS/Title 19/Title 21
☐ Prestige Health Choice
☐ Share of Cost
☐ Simply Healthcare
☐ Staywell (WellCare Health Plans)
☐ Sunshine Health
☐ United Healthcare
☐ None

Medicare:

☐ AARP
☐ Aetna
☐ CarePlus Health Plans
☐ Cigna Healthspring
☐ Coventry Health Care
☐ Devoted Health

Florida Blue
☐ **BlueMedicare Classic HMO**
☐ **BlueMedicare Premier HMO**
☐ **BlueMedicare Preferred HMO**
☐ **BlueMedicare Preferred PPO**
☐ **Blue Medicare Choice PPO**

☐ Freedom Health
☐ Humana
☐ Humana Gold Plus
☐ Medicare-Original
☐ BayCare Plus
☐ Molina Healthcare
☐ Optimum HealthCare

☐ Simply Healthcare
☐ Solis Health Plans
☐ Sunshine/Allwell
☐ Ultimate Health Plans
☐ United Healthcare
☐ WellCare Health Plans
☐ None

Health Exchange:

☐ Ambetter
☐ Humana HUMx (HMOx)

☐ **Florida Blue**
☐ **BlueSelect** ☐ **HMO** ☐ **PPO**
☐ **myBlue**

☐ Molina Marketplace
☐ None

Submit

_____
Physician's e-signature Date

*I agree, and it is my intent, that my electronic signature/initials are the legally binding equivalent of a traditional handwritten signature/initials, and certify my acknowledgment and agreement to be bound by the terms and documents accompanying my electronic signature/initials.

BayCare
Physician Referral Service

18-595292-1218