

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 don't 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'll offer to schedule appointments for new, urgent care and physical exam patients within **three business days**.

- YES, I'll offer Preferred Access appointments.
 NO, I don't offer Preferred Access appointments.

Urgent Same-Day Appointments

I'll 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'll offer urgent same-day appointments.
 NO, I don't 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
Address	Are you a concierge doctor?	Yes	No
City	Do you accept minors?	Yes	No
State	Age range:	_____ to _____	
Zip			
Office phone	Office manager name		
Manager direct phone	Manager email		

Practice/Office Information

Office hours:

Monday _____ to _____ Saturday _____ to _____
 Tuesday _____ to _____ Sunday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ 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*:

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

Aetna HMO POS Pinellas County Schools Aetna/FL Healthy Kids AvMed BayCare Employee-Cigna Cigna Coventry Health Care	Evolutions Healthcare Systems First Health Florida Blue Standard BlueCare (HMO) myBlue (HMO) SimplyBlue (HMO) Blue Choice (PPO)	Blue Options (PPO) BlueSelect (PPO) FEP Federal (PPO) State Employees (PPO) Humana HMO PPO MultiPlan/PHCS/Beech Street	Neighborhood Health Partnership (United Healthcare) Simply Healthcare/FL Healthy Kids United Healthcare None
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Government Plans

CHAMPVA Hillsborough County Health Plan	Hospice Pinellas County Health Plan Polk County Health Plan	TRICARE Prime TRICARE Select	TriWest None
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Medicaid:

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

AARP Aetna HMO PPO BayCare Plus CarePlus Health Plans Cigna Healthspring	Devoted Health Florida Blue BlueMedicare Classic HMO BlueMedicare Premier HMO Blue Medicare Choice PPO Freedom Health	Humana Humana Gold Plus Medicare-Original Molina Healthcare Optimum HealthCare Simply Healthcare	Solis Health Plans Sunshine/Allwell Ultimate Health Plans United Healthcare WellCare Health Plans None
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Health Exchange:

Florida Blue BlueSelect HMO PPO myBlue Blue Options	Molina Marketplace None
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To complete the application, please save to your desktop and email to: physicianreferralprogram@baycare.org

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.

