

# 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 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
  - \_\_\_\_\_ 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		
Office manager direct phone	Office 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	Evolutions Healthcare Systems	<b>Blue Options (PPO)</b>	MultiPlan/PHCS/Beech Street
HMO PPO	First Health	<b>BlueSelect (PPO)</b>	OrthoCare Florida
AvMed	<b>Florida Blue</b>	FEP Federal (PPO)	Provider Network of America
BayCare Employee-Cigna	<b>BlueCare (HMO)</b>	<b>State Employees (PPO)</b>	United Healthcare
Cigna	<b>myBlue (HMO)</b>	<b>Galaxy Health Network</b>	None
Coventry Health Care	<b>SimplyBlue (HMO)</b>	<b>Humana</b>	
	<b>Blue Choice (PPO)</b>	HMO PPO	

### Government Plans:

CHAMPVA	Hospice	TRICARE Prime	VACCN
Hillsborough County Health Plan	Pinellas County Health Plan	TRICARE Select	None
	Polk County Health Plan		

### Medicaid:

Aetna Better Health	Humana	CMS/Sunshine Health	Sunshine Health
Clear Health Alliance	Medicaid-Original	Share of Cost	United Healthcare
Florida Healthy Kids	Molina	Simply Healthcare	None

### Medicare:

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

### Health Exchange:

AvMed	Molina Marketplace
Florida Blue	None
BlueSelect HMO PPO	
myBlue Blue Options	

To complete the application, save to your desktop and email to [physicianreferralprogram@baycare.org](mailto: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.

