

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

_____ 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 any of the following:

Choice Access Appointments

I'll offer to schedule appointments for new patients within **four weeks**.

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

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

Practice name	Type of practice:	Group	Solo
Address	Are you a concierge doctor?	Yes	No
City	Do you treat 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 _____	Is your office closed for lunch:	
Thursday	_____ to _____	Yes	No Hours: _____ to _____
Friday	_____ to _____		

Insurance – For New Patients

Please select the payment types and insurance plans which you're currently accepting **for new patients ONLY**:

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

Aetna	Evolutions Healthcare Systems	Blue Options (PPO)	MultiPlan/PHCS/Beech Street
HMO PPO	First Health	BlueSelect (PPO)	Provider Network of America
AvMed	Florida Blue	FEP Federal (PPO)	United Healthcare
BayCare Employee-Cigna	BlueCare (HMO)	State Employees (PPO)	None
Cigna	myBlue (HMO)	Galaxy Health Network	
Coventry Health Care	SimplyBlue (HMO)	Humana	
	Blue Choice (PPO)	HMO PPO	

Government Plans:

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

Medicaid:

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

Medicare:

AARP/United Healthcare	Devoted Health	Humana	Solis Health Plans
Aetna	Florida Blue	HMO PPO	Sunshine/Allwell
HMO PPO	BlueMedicare Classic HMO	Medicare-Original	Ultimate Health Plans
BayCarePlus	BlueMedicare Premier HMO	Molina Healthcare	United Healthcare
CarePlus Health Plans	Blue Medicare Choice PPO	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.

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.

