

Provider Referral Program Application

Provider 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 provider, 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 Provider Referral Program at this time.

YES, I wish to participate in the BayCare Provider Referral Program and I understand that to be included I must **(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 Health Care Quality Improvement Act*

_____ 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 my office

**See full definition located on the criteria flyer*

In addition to the referral program's general criteria, 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've been seen in an urgent/emergency care setting and have been referred by the attending provider 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		
Address	Suite #	
City	State	Zip
Office phone	Office manager name	
Office manager direct phone	Office manager email	

Type of practice:	Group	Solo
Are you a concierge provider?	Yes	No
Do you treat minors?	Yes	No
Age range:	_____ to _____	

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

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

Government Plans:

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

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

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

Aetna Ambetter Select (Ambetter-Select) Bronze, Silver or Gold AvMed	Florida Blue BlueSelect HMO PPO myBlue Blue Options Molina Marketplace None
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To complete the application, save to your desktop and email to providerreferralprogram@baycare.org.

Provider'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.

