

# Provider Referral Program Application

## Advanced Practice Provider (APP) Profile Information

Last name	First name	MI	Title	NPI				
Supervising physician for APP	Specialty			Years in practice				
Language(s) other than English that you, the provider, speak:								
French	Gujarati	Hindi	Spanish	Telegu	Urdu	Vietnamese	Other: _____	NA

## 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)**:

\_\_\_\_\_ Be a member of BayCare Physician Partners, LLC, and maintain active licensure with the Florida Department of Health.

\_\_\_\_\_ 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	Type of practice:	Group	Solo
Address	Are you a concierge provider?	Yes	No
City	New patient age range:	_____ to _____	
Office phone	Do you treat minors?	Yes	No
Office manager direct phone	Office manager name		
	Office manager email		

## Practice/Office Information

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

### 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 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 <b>Florida Blue</b> <b>BlueMedicare Classic HMO</b> <b>BlueMedicare Choice PPO</b> Freedom Health	<b>Humana</b> HMO PPO Medicare-Original 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	<b>Florida Blue</b> <b>BlueSelect HMO PPO</b> <b>myBlue Blue Options</b> Molina Marketplace None
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To complete the application, save to your desktop and email to [providerreferralprogram@baycare.org](mailto:providerreferralprogram@baycare.org).

Provider's e-signature<sup>†</sup>

Date

<sup>†</sup>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.

