

# Provider Referral Program Physician Application

## Physician Profile Information

Last name	First name	MI	Title	NPI				
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):

- \_\_\_\_\_ 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*

## Additional Participation

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

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

### Medicare:

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

### Health Exchange:

Aetna	Florida Blue
Ambetter	BlueSelect HMO PPO
Select (Ambetter-Select)	myBlue Blue Options
Bronze, Silver or Gold	Molina Marketplace
AvMed	None

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

Physician'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.

 **BayCare**  
Provider Referral  
Program