

**IMPORTANT
Credentialing Application Addendum.**



Jim Rickard, MD
Medical Director

Identifying Information

Last Name:	First:	Middle:
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PCP Designation

Do you want to be designated as a Primary Care Practitioner? Yes No

Admitting Arrangement

Do you currently have admitting privileges? Yes No

If you answered “No” to the above question, please outline a description of your action plan for patients that need to be admitted to a hospital.

After Hours PCP Coverage: If you answered “Yes” to the above question, please complete this section

Do you currently provide primary care coverage for your patients 24 hours a day, seven days a week, 365 days a year? Yes No

In order to qualify for PCP designation, a provider must have after-hours primary care coverage and share primary care call with a Moda Health participating provider. The covering provider must also qualify for and be designated as a PCP with Moda Health.

Appropriate examples of after hours coverage include:

After hours answering service

Cell phone/pager number on voicemail greeting where patients can reach you after hours

SECLUSION & RESTRAINT (CFR, 438.100)

Does your office have a policy and procedure related to the use of seclusion and restraint as required under the Code of Federal Regulations? Yes No

If you do not have a policy, please describe the actions you would take in the event there were a disruptive individual/s in your office to ensure that you do not seclude or restrain, ie; Call 911.

Our Office Process: _____

Name of provider/applicant:

Provider/applicant signature:

Date: