## **IMPORTANT**

## Credentialing Application Addendum.

Jim Rickard, MD Medical Director **Identifying Information** Last Name: Middle: First: PCP Designation |Yes| Do you want to be designated as a Primary Care Practitioner? 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 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

Does your office have a policy and procedure related to the use of seclusion and restraint as required under

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.

Name of provider/applicant:

Our Office Process:

the Code of Federal Regulations?

SECLUSION & RESTRAINT (CFR, 438.100)

Provider/applicant signature:

Date: