## IMPORTANT Credentialing Application Addendum.

no

Jim Rickard, MD Medical Director

Identifying Information		
Last Name:	First:	Middle:
PCP Designation		
Do you want to be designated as a Primary Care Practitioner? Yes No		
Admitting Arrangement		
Do you currently have admitting priv	vileges?	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 an		
Do you currently provide primary of days a year? Yes	care coverage for your patient. No	s 24 hours a day, seven days a week, 365
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. <i>Appropriate examples of after hours coverage include:</i> <i>After hours answering service</i> <i>Cell phone/pager number on voicemail greeting where patients can reach you after hours</i>		
SECLUSION & RESTRAINT (CFR, 438.100)		
the Code of Federal Regulations?	lescribe the actions you would	F seclusion and restraint as required under Yes No I take in the event there were a disruptive estrain, ie; Call 911.