Driscoll Health Plan

CREDENTIALING APPLICATION ADDENDUM
Non-PCP Eligible

Provider NPI: _____

Provider Name: _____

Group NPI: _____

Group Name: _____

Ethnicity/Race:

_____ American Indian/Alaska Native _____ Asian, Pacific Islander _____ Black, non-Hispanic

_____ Hispanic _____ Native Hawaiian/Other Pacific Islander _____ White, non-Hispanic

_____ Decline to provide

Specific Services:

Do you perform Obstetrical services? _____ Yes _____ No

If yes, do you perform Obstetrical deliveries? _____ Yes _____ No

Do you provide Telehealth/Telemedicine services? _____ Yes _____ No

Will you be practicing solely as a Hospitalist provider? _____ Yes _____ No

Authorized Signature: _____ **Date:** _____

Authorized Name: _____

Authorized Title: _____