

Mount Carmel Health System, Diley Ridge Medical Center and Taylor Station Surgical Center

Center for Practitioner Information (CPI) Application Request Form

E-mail completed form to: cvo@mchs.com

Red fields are required.

Practitioner's Name: First: _____ Middle: _____ Last: _____ Degree: _____			
DOB (required - mm/dd/yyyy): _____			
Practitioner's e-mail address (required; must be provider's individual email): _____			
Practitioner's cell phone: _____			
MCHS: Indicate if provider will be employed by: ____ Employed MedGrp ____ Hospital (not med grp) ____ Contracted Service			
Specialty for Find-a-Provider: _____			
Is practitioner still in residency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Applications for June graduates will be released in March.</i>		Anticipated Grad Date: _____	
Is the practitioner board certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OH License #: _____		If not licensed, has an application been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated start date (date of admission/case): _____		Is this a "hot" file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application request sent to the CPI by: _____			
Credentialing Contact (will get unique portal login; name and email required): _____			
Copy To (will be notified when portal sent; email required): _____			
Office Information: Joining an existing practice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of another practitioner whose office can be copied: _____			
Primary office name: _____			
Office address (include city & ZIP): _____			
Office phone: _____		Office fax: _____	
Portal/Process: <input type="checkbox"/> AHP/APP <input type="checkbox"/> Physician			
<input type="checkbox"/> Full Initial Appointment/Credentialing (CAQH and supplemental portal)			
<input type="checkbox"/> Initial Membership Only (No clinical Privileges)			
<input type="checkbox"/> Abbreviated Locum Tenens Process			
<input type="checkbox"/> Add/Mid-Cycle Privileges (already on staff at hospital). If a reference is required, provide name and email below.			
<input type="checkbox"/> Adding a Facility (Full Initial Appointment Task Bar will be launched: an abbreviated process will be completed via the full task bar)			
Reference Name(s): _____			
Reference Email(s): _____			
Facility <i>Indicate which privilege forms on page 2.</i>			
<small>*The application will not be sent without a current/re-attested CAQH profile.</small>			
CAQH #: _____ Is the provider's CAQH current? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Ohio been added as a practicing state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Mount Carmel Health (MCE/MCGC)	<input type="checkbox"/> Mount Carmel New Albany Surgical Hospital	<input type="checkbox"/> Mount Carmel St. Ann's	<input type="checkbox"/> Mount Carmel Med Group <small>CPI: Add THMGCV too, only if the provider is employed by THMG</small>
<input type="checkbox"/> Diley Ridge Medical Center	<input type="checkbox"/> Taylor Station Surgical Center	<input type="checkbox"/> Mount Carmel Dublin	

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Mount Carmel Health System DOPs

<input type="checkbox"/> AHP – Anesthesiology Assistant	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> AHP – Clinical Nurse Specialist	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Pathology
<input type="checkbox"/> AHP – Certified Nurse Midwife	<input type="checkbox"/> Female Pelvic & Reconstructive Surgery	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> AHP – CRNA	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> PM&R
<input type="checkbox"/> AHP – NP	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> AHP – NP Adult Gerontology Acute Care	<input type="checkbox"/> Gynecologic Oncology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> AHP – NP Family & Adult Gerontology	<input type="checkbox"/> Hematology & Oncology	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> AHP – PA	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Psychiatry (Netcare Applicants)
<input type="checkbox"/> Allergy & Immunology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Psychology
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Maternal & Fetal Medicine	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Anesthesiology & Pain Med	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Radiologist Assistant
<input type="checkbox"/> Bariatric Surgery	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Radiology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cardiovascular & Thoracic Surgery	<input type="checkbox"/> Neuropsychology	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> Colon & Rectal Surgery	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Critical Care (Intensivists)	<input type="checkbox"/> Occupational Med	<input type="checkbox"/> Urology
<input type="checkbox"/> Critical Care (Surgical)	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Oral & Maxillofacial Surgery	<input type="checkbox"/> Wound Care & Hyperbaric Oxygen Med
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Orthopedic Surgery	
<input type="checkbox"/> Emergency Med	<input type="checkbox"/> Otolaryngology	

Diley Ridge Medical Center DOPs

<input type="checkbox"/> APP – CNP Emergency Medicine	<input type="checkbox"/> APP – PA Emergency Medicine	<input type="checkbox"/> Pathology
<input type="checkbox"/> APP – CNP Internal Medicine	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Radiology
<input type="checkbox"/> APP – PA	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Telemedicine

Taylor Station Surgical Center DOPs

<input type="checkbox"/> APP - CRNA	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Radiology
<input type="checkbox"/> APP - NP	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Spine Surgery
<input type="checkbox"/> APP - PA	<input type="checkbox"/> Neuroscience Monitoring	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Oculoplastic Surgery	
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Pathology	
<input type="checkbox"/> Colon & Rectal Surgery	<input type="checkbox"/> Plastic Surgery	
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Podiatry	