Healthchoice Physician Information

Healthchoice is an affiliate of Orlando Health

In order to be considered for participation in Healthchoice, please complete the following information and fax it to **321-843-6034.**

For additional assistance contact Theresa Ransome at 407-481-7125

GROUP NAME: ____

Please list all physicians in the practice

Physician Name	Specialty	Board Certified
		❑ Yes ❑ No ❑ In Process
		❑ Yes ❑ No ❑ In Process
		❑ Yes ❑ No ❑ In Process
		❑ Yes ❑ No ❑ In Process

Please list all office locations

Street Address	City	Zip	County

Please list hospital privileges

Hospital 1	Hospital 2	Hospital 3

List Networks you are interested in:
❑ Healthchoice Select
❑ Healthchoice PPO
❑ Healthchoice Worker's Comp

Participation Requirements in Healthchoice:

Requirement	Yes	No
♦ American Board of Medical Specialty Certification	❑ Yes	❑ No
OR		
♦ Actively pursuing certification	❑ Yes	❑ No
♦ Hospital privileges at Orlando Health or affiliated hospitals	❑ Yes	❑ No
OR		
♦ Leesburg Regional Medical Center, The Villages, Health Central, St. Cloud Hospital, Osceola Regional Medical Center	❑ Yes	❑ No
♦ Professional liability insurance of at least $250,000/$750,000	❑ Yes	❑ No
OR		
♦ State of Florida Financial Responsibility Statement	❑ Yes	❑ No
♦ Physician in a solo practice must have cross coverage for outpatient calls during regular office hours. The covering physician must be an active member in Healthchoice and practicing within the same specialty as you. **COVERING PHYSICIAN** **Name:** ___________________________	❑ Yes	❑ No

Please provide office contact person for follow-up after information review

Contact Name: ______________________ Title: ______________________

Phone #: ______________________

Fax #: ______________________

Email: ______________________