



Hospital Coverage Agreement

As outlined in our Credentialing and Recredentialing Policy for Participating Physicians, QualCare, Inc. allows primary care physicians and specialists who elect to limit their practices to providing services in their offices to satisfy the policy's requirements to obtain participating hospital admitting privileges by establishing an arrangement with another qualified, participating acute care physician or physicians to care for his/her patients who require acute care at a network hospital.

By completing, signing and returning this Hospital Covering Form, you the physician(s) identified attest that such an arrangement has been established. This form will be included as a part of your credentialing file.

I, the applicant _____

Signature: _____

Tax Id # _____ NPI _____

In accordance with QualCare's Credentialing and Recredentialing Policy for Participating Physicians, have arranged for patients requiring hospitalization to be admitted to the service of the physician (s) noted below at the QualCare network hospital. listed below.

I/We, the covering physician(s) agree to the above arrangement

Name: _____ NPI # _____

Hospital Name _____

Print your name: _____

Signature: _____ Date: _____

Name: _____ NPI # _____

Hospital Name _____

Print your name: _____

Signature: _____ Date: _____